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Book 1d

PUBLIC HEALTH and SCHOOL HEALTH

in Southend on Sea

1971



The Annual Report of the Medical Officer of Health
for the County Borough of Southend on Sea

ANNUAL REPORT 1971

COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

1971 – 72

Ex-Officio

His Worship the Mayor - Alderman H.C.G. Hill
Leader of the Council - Alderman N. Harris, B.Sc.

Chairman:

Alderman Mrs. V.E.Smith, J.P.

Vice Chairman:

Alderman Mrs. M.M.C. Bullock-Jarman

Members:

Alderman	R.E.J. Thomas
Councillor	W.F. Bowyer
"	G.A. Hurst
"	E.F. Hyde
"	Mrs. N.I. Goodman
"	P.J. King
"	E.W.J. Lockhart
"	Mrs. M.D.J. Myers

Co-opted:

J.C.Field,F.H.A.	Southend-on-Sea Group Hosp. Management Committee
Mrs.C.J.Raynham	Southend-on-Sea Local Executive Council
Dr. F. Emery	Southend-on-Sea Local Medical Committee



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Civic Centre,
Southend-on-Sea.

Telephone: Southend 49451

ANNUAL REPORT

I present my report for the year 1971.

The most important single event occurring throughout the year has been the creation of the Social Services Department, following the passage of the Local Authorities Social Services Act, 1970 which became operative on the 1st January, 1971. At this date a Social Services Committee was formed and subsequently a Director of Social Services was appointed who took over the welfare functions previously administered by the Health and Welfare Department.

The primary object of these changes has been to enable Authorities to improve the facilities which are made available to the needy in the communities they serve, and to achieve this end it is vitally important that the health services and the social services should work in harmony for the benefit of the population.

There has been a general expansion of the work of the Department largely due to the increasing proportion of the aged in the population, so that services directly connected with this group, such as the district nursing services, showed an increase in the work load, but there was also an increase in the work in relation to the younger age groups, such innovations as vaccination against German Measles, which became available and was offered to girls between their eleventh and fourteenth birthdays.

The other most significant occurrence during 1971 was the transfer of responsibility for the mentally handicapped children in the Junior Training Centre to the Education Committee on the 1st April, 1971. The philosophy leading to this re-arrangement was to ensure that the benefits of education, within a unified education system, were applied to all children according to their needs.

I would like to take this opportunity of thanking all those who have contributed to this report and those who have assisted the Authority in their work, particularly the Hospital Management Committees, the Executive Council, St. John Ambulance Brigade and all the voluntary organisations, without whose help the Department's work would be so less effective. I am indebted to my colleagues, the Chief Officers of the Corporation and their staff for the assistance they have so willingly given throughout the year.

Medical Officer of Health

STAFF OF THE PUBLIC HEALTH DEPARTMENT (AT 31.12.1971)

Medical Officer of Health:

G.V. Griffin, M.B., B.S., D.P.H., M.F.C.M.

Deputy Medical Officer of Health:

M.R. Mellor, M.B., Ch.B., L.R.C.P., D.P.H., M.F.C.M.

Senior Medical Officer of Health:

I.B. Barrie, M.B., Ch.B., D.R.C.O.G., D.P.H.

Senior Medical Officers in Department:

M.S. Adams, M.B., B.S., M.R.C.S., M.R.C.P.
Vacancy

Medical Officers in Department:

J. Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.
E.G. O'Sullivan, L.R.C.P.S.I., L.M.

Part Time Medical Staff: 5

Principal Dental Officer:

J. Stratford, L.D.S.

Chief Public Health Inspector

E.A. Ellis, M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector:

T.K. Aston, M.R.S.H., M.A.P.H.I. Resigned August, 1971
J.K. Blakely, M.A.P.H.I., Cert. R.S.H. Appointed October, 1971

Public Health Inspectors: 12

Student Public Health Inspectors: 1

Superintendent Health Visitor:

Miss E.M.M. Roberts, S.R.N., S.C.M., S.R.F.N., H.V. Dip H.V. Cert
Retired 21st December, 1971

Mrs. M.D. Townsend, S.R.N., H.V. Appointed 1st January, 1972

Health Visitors and School Nurses: 11 whole-time 3 part-time.

Tuberculosis Health Visitor: 1

Student Health Visitors: 2

Superintendent of District Nurses and Non-Medical Supervisor of Midwives:

Miss D. Heaton, S.R.N., S.C.M., H.V. Cert Q.N.

Chiropody Staff: Whole-time 1

Administrative Staff:

Health Services Administrator	R.W.G.Whitmore,A.C.I.S.
Chief Administrative Assistant	S.F. Jupp
Senior Administrative Assistant	Miss A.M. Roberts
Administrative Assistants	Mrs. G. Knight
	Mrs. P. Davies
	Mr. D. Jenkins
	Mr. R.A. Snazell
Administrative & Clerical Staff	32

SANITARY CIRCUMSTANCES OF THE AREA

Meteorology

The following is kindly supplied by the Meteorological Officer:

<u>Total Sunshine for the Year</u>	<u>Sunniest Month</u>	<u>Days with Sunshine</u>	<u>Total Rainfall</u>	<u>Mean Temp</u>	<u>Prevailing Wind</u>
1606.4 hours	May	292	18.74"	51°F	S.W.

Water

The statutory undertaker is the Southend Waterworks Company. Some water is obtained from deep wells but most is abstracted from rivers and all is treated. It is of moderate hardness, devoid of plumo-solvent action and as supplied, has a high degree of purity. The Reservoir at Hanningfield provides adequate reserve against periods of drought.

The supply is piped and bacteriological examinations are made regularly by the Company of the water at various stages of its treatment and supply. Each week the Public Health Laboratory Service reports on bacteriological samples submitted by this Department and from time to time reports of the chemical analysis made by an independent laboratory are received.

The results of a typical sample show that the water is clear and bright in appearance, fairly alkaline in reaction and free from metals apart from a negligible trace of iron. The water is fairly soft in character; its contents of mineral and saline constituents are not considered excessive for a drinking water. It is of satisfactory organic quality and bacterial purity. The results indicate a pure and wholesome water suitable for public supply purposes.

Fluoridation

During the year under review no further action was taken on the question of fluoridation of the water supply.

THE WORK OF THE DEPARTMENT

**PUBLIC HEALTH ACTS 1936—68
NATIONAL HEALTH SERVICE ACTS 1946—52
NATIONAL HEALTH SERVICE ACT 1946**

Section 21 — Health Centres

**Warrior Square
Municipal Health
Centre**

With the opening of the Maybrook Adult Training Centre in January of 1971, the accommodation in the Municipal Health Centre which was originally the Education Department Offices but latterly the Senior Section of the Junior Training Centre was vacated when the trainees were transferred to Maybrook. Also during the year protracted discussions were going on relating to the demolition of the Porters Grange Avenue frontage of the Municipal Health Centre to make way for the enlarged ring-road and a scheme was devised whereby the officers vacated by the move to Maybrook could be utilised for the Maternity and Child Welfare Section when the accommodation was due to be demolished. At the end of the year, however, the matter is still not finalised and in view of the Council's decision that the new Central Health Centre shall proceed with all speed, the Borough Engineer suggested that he might be able to hold up works on the ring-road for a sufficient space of time to allow the whole of the premises to be vacated before he would need to demolish for road widening.

**Shoeburyness
Health Centre**

The Council's first Health Centre (within the meaning of Section 21 of the National Health Service Act 1946) opened at Campfield Road, Shoeburyness on the 4th January, 1971 when the Local Authority Maternity and Child Welfare Services were transferred from the old Council Offices in High Street, Shoebury. The general practitioners in the Shoebury area transferred their patients from the Elm Road premises to the Health Centre on the 29th March 1971 and from that date the Centre became fully operational. Slightly later in the year we were very fortunate to find a young lady comparatively new to the Town who took on the running of the playgroup in the area set aside for this purpose in the Health Centre and after protracted advertisements, towards the end of the year the appointment of a Supervisor was made but the lady did not take up her duties until January 1972.

**SECTION 22 — CARE OF MOTHERS AND YOUNG CHILDREN
(See Tables 7 - 13)**

Clinics

Clinics continue to be held at the following Centres:-

Municipal Health Centre Porters Grange Avenue	-	Mondays, Tuesdays, Thursdays and Fridays
Leigh Clinic, Burnham Road	-	Mondays and 2nd and 4th Thursdays
Westcliff Clinic, 415, Westborough Road	-	Tuesdays and Fridays
Kent Elms Clinic, Rayleigh Road.	-	Wednesdays and Fridays Health Visitors Clinic. Medical Officer attends 1st, 3rd and 5th Fridays in each month
Blenheim Clinic St. James's Church Hall	-	Alternate Wednesdays - Health Visitors Clinic
Manners Way Clinic, St. Stephen's Church Hall	-	2nd and 4th Tuesday in each month Health Visitors Clinic

Earls Hall Clinic, Earls Hall Baptist Church	-	1st, 3rd and 5th Tuesdays in each month Health Visitors Clinic Medical Officer attends 3rd Tuesday in each month.
North Avenue Clinic, Ferndale Road Baptist Church	-	Thursdays - Health Visitors Clinic
Thorpedene Clinic, Maplin Way	- -	Wednesdays and Fridays Health Visitors Clinic Medical Officer attends 2nd and 4th Fridays in each month
Shoebury Health Centre, Campfield Road	-	Tuesdays - Health Visitors Clinic Medical Officer attends 1st Tuesday in each month.

The reduction in the number of live births occurring in 1971, 2019 compared with 2103 in the preceding year, was reflected in the number of infants attending the clinics and the number of attendances made. The 1629 infants who attended - almost 81% of the children born in 1971 - made a total of 13,013 attendances, 190 fewer than in 1970. Of the children born in 1970, 1336 visited the Clinics making 9584 attendances, a welcome increase of 1237 over the preceding year. This improvement was largely accounted for by a dramatic rise in attendances at the new Shoeburyness Health Centre from 147 in 1970 to 616 in the year under review. The attendances of toddlers born between 1966 and 1969 also improved, 743 children making 2157 attendances.

Welfare and Other Foods

The distribution of National Dried Milk and vitamins at Clinics by the W.R.V.S. and by certain retailers was continued.

Sales of National Dried Milk, in contrast to other years, held steady at 11,993 packets. Proprietary foods showed a slight reduction in popularity, 1013 fewer packets being sold in 1971 than in the preceding year. Cod Liver Oil ceased to be sold as a welfare food after April 30th and only 708 bottles were disposed of before that date. It was replaced by childrens' vitamin drops of which 2875 bottles were sold. The demand for vitamins for adults was reduced, only 1669 packets being sold in comparison with 2362 in the previous year.

Ante-natal Clinics

Clinics continue to be held at the following Centres:-

Municipal Health Centre	-	Tuesdays, Thursdays and Fridays 9.15 a.m.
Leigh Clinic	-	1st, 3rd and 5th Thursdays - 2.00 p.m.
Kent Elms Clinic	-	Tuesdays - 2.00 p.m.
Westcliff Clinic	-	Wednesdays 10.30 a.m. and 2.00 p.m.
Thorpedene Clinic	-	Mondays - 2.00 p.m.

The number of individual expectant mothers attending fell by 227 to 2304, as did total attendances made - 8599 compared with 9355 in the preceding year. This is partly accounted for by a reduction of 80 in the number of live and still births occurring during the year.

Blood Examinations

Routine examination is undertaken for A.B.O. and Rh. grouping, Rh antibodies and haemoglobin. The V.D.R.L. test (approximating to the Wassermann Reaction Test) is also made. One serum positive reaction occurred in 1458 tests.

**Post-Natal
Clinics**

Clinics continue to be held at the following centres:-

Municipal Health Centre	•	1st, 3rd & 5th Thursdays until 11.3.71 Thereafter 2nd & 4th Thursdays
Leigh Clinic)	
Kent Elms Clinic)	
Westcliff Clinic)	
Thorpedene Clinic)	
	-	Combined with Ante-Natal sessions

There was again a reduction - from 842 in 1970 to 774 this year - in the number of individual mothers who attended. Their attendances made - 900 - were 64 fewer than the previous year. Mothers who elect to do so may attend their family doctor for post-natal examinations.

**Relaxation and
Mothercraft classes**

It is gratifying to be able to report a further increase this year in the number of expectant mothers using these facilities; 532 mothers attended compared with 489 in 1970. The total attendances at 3290 represented an increase of 128 over the previous year. Early in February, it was decided to discontinue the weekly session held in York Road Methodist Church Hall and transfer this to Thorpedene Clinic. This session had catered mainly for expectant mothers in the central area of the Borough and its transfer to a distant Clinic was made only because of the lack of suitable premises. A separate session continued to be held at Thorpedene Clinic for mothers living near-by.

**Hospital Maternity
Services Liaison
Committee**

This Committee, under the Chairmanship of Mr. W. Keith Sutton, F.R.C.O.G., continued to meet. Its deliberations on all aspects of the maternity services were as helpful as ever to all those concerned.

**Congenital
Malformations**

Notification by the maternity unit at Rochford Hospital and by domiciliary Midwives of congenital defects found at birth, which is complete and satisfactory, is confirmed by subsequent enquiry at a later date and a periodic report is sent to the General Register Office. In appropriate cases, the child's name is placed on the Observation Register for periodic follow-up.

**Maternal
Mortality**

One maternal death was recorded during the year involving a 17 year old single girl who died from septicaemia associated with a uterine infection. This gives a total of 9 maternal deaths since August, 1957.

**Stillbirths &
Infant Mortality**

The number of Stillbirths during the year (31) gives a ratio of 15 per 1000 total births which is rather more than the provisional national figure.

The number of infant deaths, i.e. under 1 year, was 35, giving a rate of 17 per 1000 live births against a provisional national figure of 18 per 1000 live births. Of these 35 who died in the first year, 24 died within the first week of life and a further 3 within 4 weeks of birth.

Combining the stillbirth figure with figures for deaths within the first month of living gives a peri-natal mortality rate of 27 per 1000 total births against a national figure of 22.

REPORT OF THE PRINCIPAL DENTAL OFFICER

Maternity Service

There was a small increase in the number of first inspections carried out in this group. Unfortunately 86% of patients required treatment. During the year there was an increase of 300% in the number of teeth conserved.

I conclude that the reason why this group's demand for treatment, at Local Authority Clinics, remains small is due to the fact that there is a good General Dental Practitioner Service in the area.

Pre-School Service

The numbers of children in this group seeking routine dental treatment remains small. The only discouraging aspect was an increase of 400% in the emergency classification. Though there was an increase in the number of children attending for first inspections it was unfortunate to see 65% required treatment.

It is hoped that the introduction of a recall system may help reduce the emergency aspect of this service.

An approach has been made to the Nursery Schools in the Borough to try and organise dental health talks to parents and arrange pre-school dental inspections. Next year it is hoped to be able to report how successful this scheme has been.

SECTION 23 - MIDWIFERY SERVICE

The midwives conducted 329 deliveries to mothers in their own homes, an increase of 22 on the previous year.

1012 mothers were discharged from hospital before the 10th day and nursed by the midwives. Nursing visits totalled 14,891 and 4,953 ante-natal visits were made to expectant mothers at home.

Trilene was administered on 218 occasions.

Pethedine and Pethilorfan was given to 196 mothers in labour.

One midwife resigned and Miss Knight was appointed to replace her.

12 pupil midwives still come to the district for Part II training. All were successful in passing their examination.

Guthrie blood tests are carried out on all infants born at home and also to those discharged early from hospital.

The pocket radios are now an essential part of the midwives equipment.

3 midwives attended statutory refresher courses.

Twice annually a statutory refresher course organised by the Royal College of Midwives is held at Westcliff. This year 20 members from these courses visited the community for one day each.

SECTION 24 - HEALTH VISITING

(See Table 21)

Staff

Miss Edith Roberts retired in December after 22 years as Superintendent Health Visitor for the Borough of Southend.

Our two student Health Visitors, Mrs. Donaghue and Miss Window now Mrs. Thorlby, successfully completed their training and two further students are training during the current academic year.

Shoeburyness Health Centre

This Centre opened on 4th January and there are two Health Visitors based there, one of whom is attached to the General Practitioners using the premises. Weekly Infant Welfare Clinics have been well attended and the attendance figures are rising considerably. In this setting Doctors, Health Visitors, Home Nurses and Midwives are able to work as a team, enabling a better understanding of each other's role in community care and an easier selection of priorities and proper deployment of skills.

G.P. Attachment

There are now three Health Visitors attached to different groups of General Practitioners and more are being planned. In all cases they are proving satisfactory to all concerned.

School Nursing

This work is proceeding as expected and covers a wide field in the School Health Service; apart from the usual routine work Verruca Clinics were started to cope with the increase of cases in Southend. These have been well attended and have also been used to instruct P.E. Teachers in prevention.

Health Education

The Health Education Officer, Miss Staunton, has had a very busy year with many projects in schools and with the public generally and her work is developing rapidly. It is important that this is presented well in competition with modern media and visual aids have been made available to all concerned in Health Education. Prevention is not only better than cure it is also considerably cheaper in every way!

SECTION 25 - HOME NURSING

(See Tables 22 - 24)

As in previous years the district nurses work has increased. Their total number of visits made 118,513 to 4,420 patients. To the over 65's the number of visits was 83,132 and to the under 5's 439.

During 1971 the home nursing establishment was increased by 2.

One nurse resigned.

Four nurses undertook district training and all were successful.

Three nurses attended 1 weeks practical work instructors course arranged by the Queens Institute of District Nursing.

Group attachment to doctors still proves successful, and more nurses are attached.

Bathing attendant service is invaluable and 4 more part-timers have been recruited.

One S.E.N. was appointed to help in the treatment room at the new Shoebury Health Centre.

Pocket radios were issued to 10 district nurses and these have quickly become invaluable.

The Marie Curie night nursing services is still very much appreciated, 22 being nursed.

We continue to have hospital nurse students for observation visits.

There is an increase of surgical patients being discharged from hospital, thus giving an increase of dressings.

As usual, there is a great demand for incontinent pads.

Long Service Badges

Miss Heaton, Superintendent District Nurses and Mr. William Whiteman, Male Nurse, were presented with long service badges by Princess Anne at St. James Palace in November. These badges are awarded by the Queens Institute for 21 years service.

District Nursing Service

The system of VHF radio at present operating for the midwives in the County Borough was extended during the year to cover a small proportion of the District Nurses. At present 12 sets are in use by the District Nurses and as in the case of the Midwives, those have proved to be an aid to more efficient working and use of staff. It is hoped in ensuing years to extend the radio service to all of the district nursing staff.

Re-organisation of the Nursing Structure

During the year the report of the "Mayston" Working Party on the nursing structure in the Local Authority Nursing Service was published.

The report of the Working Party endeavoured to form some similarity between the nursing structure in hospitals as set out in the report of the Salmon Committee. A letter from the Department of Health & Social Security which accompanied the copy of the report called for the Council's proposals to re-organise the nursing structure of the Authority and certain proposals were put to the Department and were ultimately, after some amendment, accepted. It is anticipated that the appointment of the new Director of Nursing Services will be made in the early part of 1972.

SECTION 26 - VACCINATION AND IMMUNISATION SESSIONS

(See Tables 25 - 27)

From the beginning of the year, a slight re-arrangement of sessions became necessary. Those at Kent Elms Clinic were reduced by two a month, sessions at the Municipal Health Centre being increased by that amount. In July, due to a decrease in the demand at Leigh Clinic, sessions there were reduced by two a month, while in August the increased demands at Westcliff Clinic called for a weekly, instead of a twice-monthly, session.

Attendances

The total number of children who completed primary courses of immunisation (other than against rubella) rose by almost 20%. The proportion of primary courses completed in the Council's Clinics showed an increase of 64% over the previous year. This satisfactory state of affairs is doubtless due to the increased efficiency produced

by the appointment system and to the part played by the Health Visitor who obtains parental consent to immunisation on the occasion of her first visit.

The number of reinforcing doses rose from 6,583 to 6,921, those performed by general practitioners forming the greater part by some 600 doses.

The difficulty in tracing the addresses of these children, who move so frequently during their first five years, was referred to last year. A system of voluntary notification of removal, by means of a pre-paid postcard, was set up during the year. It was moderately successful, in that some notifications of new addresses were received which might otherwise have been missed, but the parent who can remember where she put the card for safekeeping and finds time in the hurly-burly of removal to complete and post it is likely anyway, to enquire at the proper time concerning booster doses for her children.

Circular C.M.O. 12/71 of July 1971 set out the views of the Joint Committee on Vaccination and Immunisation concerning vaccination against smallpox in early childhood, and advised that it be discontinued as a routine procedure. Nevertheless, the number of children under 15 years of age given primary vaccination was only four fewer than in the previous year, and re-vaccinations increased by 120 to 411. This latter group will largely be composed of school children going abroad either with their parents or on educational holidays, and with the growing popularity of such excursions, the number of re-vaccinations is unlikely to decrease.

**Vaccination of
Travellers
proceeding abroad**

A total of 1,424 vaccinations were performed, an increase of 117 compared with 1970.

Protection against cholera, typhoid, tetanus, yellow fever and smallpox continued to be available.

**SECTION 27 - AMBULANCE SERVICE
(See Tables 28 - 30)**

There was no change in the administrative arrangements. Necessary services are provided by the local division of the St. John Ambulance Brigade, the Health Department's own ambulances, the Hospital Car Service, cars of the Council's central transport pool and British Rail. The Ambulance Section of the Health Department co-ordinates the activities of these services and maintains necessary links with Hospitals and the Ambulance Services of other Local Authorities.

The statistics reveal no change of any magnitude. Total road mileage decreased by .9% and patients by 3.3%. Table 27 shows that the proportion of work carried out by each services is similar to that of 1970.

Figures provided by the Department of Health and Social Security show that for the financial year ended 31st March, 1971 the average cost per 1,000 population for all 78 County Boroughs in England is £696. Southend's cost per 1,000 population is £526, and only 5 other County Boroughs show an average cost per 1,000 below that of Southend. A comparable local authority - Brighton, whose population is slightly smaller than that of Southend - has an average cost of £788. Since the previous year the average cost in respect of all County Boroughs has increased by 13%, and that of Southend by only 9.8%.

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER CARE

(Tables 31 - 33)

Tuberculosis

Dr. E.G. Sita-Lumsden reports that 155 new contacts were examined at the chest clinic during the year, of whom 3 were found to be suffering from tuberculosis. Contacts of patients made 588 attendances.

There were 21 households in the Borough in which an individual was known to be excreting mycobacterium tuberculosis at some time during the year. The 21 patients were classified as follows:-

- (a) 16 were positive for the first time.
- (b) 4 were relapsed patients known to have been positive in the past.
- (c) 1 was a known positive case.

The responses were:-

- (a) 14 were rendered sputum negative; 2 remained positive.
- (b) 2 were rendered sputum negative; 1 remained positive and 1 died.
- (c) 1 rendered sputum negative.

Although there is rarely any difficulty in securing immediate admission to hospital for patients who require it, there are some for whom care at home, for at least part of the illness, is desirable. The success of home treatment owes much to the Home Nursing Service which paid 1,396 home nursing visits during the year to a total of 31 patients. A daily issue of one pint of milk was made to 5 patients compared with 6 in the previous year; 1,512 visits were paid by Mrs. C. Wilson, tuberculosis Health Visitor, who also attended an average of 5 sessions at the Clinic each month.

Tuberculosis After-Care Committee

This Committee, which is composed of members nominated by the Health Committee and by the Southend-on-Sea and District Guild of Help, continued to meet and to give financial assistance to a small number of cases.

In May 1971, at a special meeting of the Committee attended by the Consultant Chest Physician, the Secretary of the Guild of Help and myself, the following resolution concerning the expansion of the Committee's scope was agreed:-

- " 1. That for the present the extension be restricted to cases of needy patients suffering from bronchitis, asthma, lung cancer and heart conditions, where help was not available from other sources either Statutory or Voluntary, or if such help was not sufficient to meet the need.
- 2. Help should not be given on a regular basis, but for specific needs only, such as extra heating, lighting and winter clothing.
- 3. Only help recommended from chest clinic or local general hospitals be given financial assistance.
- 4. That the grant (of £100) for tuberculosis patients would continue to be administered as formerly".

The Southend and District Guild of Help agreed to administer the grant for this additional work on behalf of the Tuberculosis After-Care Committee.

The following statistics, furnished by the Guild's Secretary, Mr.T.D.Garner, to whom we are much indebted, relate only to expenditure made on behalf of tuberculosis patients. The amount disbursed by the Guild amounted to £39.81p, compared with £56. 4s.2d. in the previous year.

TYPE OF ASSISTANCE	NUMBER ASSISTED	COST
Insurances	1	£1.81 p
Fares for visiting Hospital	1	£7.00 p
Towels (for use in Hospital)	1	£2.00 p
Christmas Gifts	8	£29.00 p
Total Number of cases assisted	8	£39.81 p

B.C.G. VACCINATION

Contacts

A total of 82 children and close relatives of patients suffering from tuberculosis were vaccinated with B.C.G. by the hospital service, 15 fewer than in 1970.

School Children

During each of the first three years of secondary education, pupils are offered the Heaf test by the Authority. The acceptance rate this year fell slightly, from 94.1% to 93.8%. The largest variation was amongst first year children where an acceptance rate of 92% was recorded as against 95% last year. The natural positive rate again fell, from 1.52% to 1.32%, as did the conversion rate which at 0.27% showed a reduction of 0.12% compared with 1970. Subsequent to the skin tests, X-ray examination is arranged for grade 2, 3 and 4 reactors, a facility also extended to the families of the two latter groups; this was not used during 1971 because no natural positive reactions higher than grade 2 were recorded.

Six girls in 3rd year in a Secondary Modern school suddenly presented on testing with quite definite grade 1 reactions. It was found that five of these girls were in the same tutorial group. There was no indication of any increased incidence of positive reactors in the first and second year nor in the preceding years. Outside the school girls were not mutual friends, did not have the same boyfriends and did not frequent the same coffee bars etc. The animals in the biology laboratory were not the source since they are handled by all years of pupils. The local boys school showed no increased incidence either. The absence records of staff and pupils were scrutinised but gave no definite indication of the source. X-rays for all the staff, including school meals staff, were arranged and individual approach was made to parents of refusers to allow skin-test or X-ray.

Having performed all this work the six were retested and four had reverted. Why this change one cannot say but nevertheless the action which took some effort was obviously necessary at that point in time.

Pupils from three private schools were included in the B.C.G. vaccination scheme: 49 were tested, none of whom gave a natural positive reaction. Of this school population, 10.2% had already been vaccinated with B.C.G.

Pupils who have been vaccinated previously are Heaf tested in their third year so as to defer any re-vaccination which may be required until they are about to leave school to enter an environment where the risks of infection are increased. Of pupils who had been vaccinated only two produced a grade 3 reaction and none grade 4; 5 out of 23 pupils who had again become skin negative were re-vaccinated.

CHIROPODY SERVICE

The new scheme for the treatment of patients by chiropodists in their own surgeries continued and the success of the scheme, is I think, measured by the fact that the waiting time for new patients has been cut from 3 months to 2/3 weeks. The Committee in their Estimates for 1971 made provision for extra treatment for patients but it was not possible to extend the service because of lack of the chiropodists' time to give more treatment to the patients.

It is, however, hoped to give more treatment per year or ultimately to bring down the age limit from 69 years.

The chropodists taking part in the scheme as at the 31st December, 1972 were:-

Mr. W.A. Allaway, L.CH., 716 Southchurch Road, Southend
 Mr. J. Hyams, M.Ch.S., 106 Valkyrie Road, Westcliff.
 Mr. L.J. Moore, L. Ch., 7 Alexandra Street, Southend
 Mrs. S. Smith, M.Ch.S., 64 Snakes Lane, Southend
 Mr. J.C. Taylor, M.Ch.S., 9 East Street, Prittlewell, Southend
 Mr. A.E.B. Gauden, M.Ch.S., 18a London Road, Southend
 Mr. J.E. Young, M.Ch.S., 17 Marine Close, Leigh-on-Sea
 Mr. P.P. Samuels, M.C.S.P., S.R.P., M.Ch.S., S.R. Ch.
 233a Southbourne Grove, Westcliff-on-Sea.

	<u>Clinic/Surgery</u>	<u>Domiciliary</u>	<u>Total</u>
No. of treatments given	5637	2048	7685
No. of persons treated	1537	741	2278

ILLNESS GENERALLY

Home Nursing Requisites

Requisites most commonly in demand are supplied on loan by the local division of the St. John Ambulance Brigade, to which the council make a grant of £100 each year towards the cost of the equipment.

Superintendent Harris has kindly furnished details of equipment loaned during the year. These details are printed in table form at the back of the book.
(See Table 23)

Cervical Cytology

45 clinics were held at Westborough Road Clinic in 1971, with two doctors in attendance at 39 clinics. On average 30 women were seen at each clinic.

<u>First Attendances</u>	<u>Repeats</u>	<u>Failed to Attend</u>
694	191	290

Total appointments made 1174.

This year again applications for the tests were slow to come in. It was not possible to have a large advertising campaign to encourage all the women eligible for the test to apply, as the hospital laboratory was still able to deal with only a limited number of slides. Advertising to a restricted number of people was therefore carried out by issuing an invitation to the employees and relations of employees of the local authority to attend the clinic.

By the end of the year the clinic had been running for five years and some of the original clients were asking for repeat appointments. A method of recall was established to remind all the women who were now due for repeat tests that appointments could be made for them.

Two cases of cancer were recorded as detected this year. 149 cases were asked to return for a variety of reasons as detailed below:

Nuclear Changes	60
Trichomonas Infection	22
Monilia Infection	20
Non Specific Infection	26
Poor Specimen	3
Menopausal changes	6
Post Natal Effect	1
Use of Contraceptive Methods	11

Many other women benefitted for other reasons from attending this clinic. Abnormal Gynaecological conditions were detected clinically and the women were referred to their own general practitioners for further advice and treatment. Many women were found to require further advice on family planning; these women were referred to their general practitioners or to the Family Planning Clinic as indicated. Among the commonest conditions detected were abnormal bleeding, erosions of the cervix, fibroids, polyps, cervicitis and infection. One woman was found to have clinical breast cancer and several other women were referred to their general practitioners for follow-ups of breast conditions.

I am grateful to Mr. Flaxman, F.I.M.L.T., Senior Technician in the Department of Cytology at Southend General Hospital for the following information concerning women who were referred to the hospital for further assessment and treatment.

Two smears showed definite malignant cells at first attendance and confirmed by biopsy as carcinoma-in-situ.

Two suspicious smears showed malignant cells in further smears in 1971 and confirmed by biopsy as carcinoma-in-situ.

One suspicious smear followed with further suspicious smears, and biopsy with examination of over 100 sections showed chronic cervicitis only.

All these cases are being followed up routinely with smears.

NATIONAL HEALTH SERVICE ACT 1946 PART IV GENERAL MEDICAL AND DENTAL SERVICES PHARMACEUTICAL SERVICES & GENERAL OPHTHALMIC SERVICES

EXECUTIVE COUNCIL

The Services provided under Part IV of the National Health Service Act 1946 are controlled by the Local Executive Council, a body appointed by the Secretary of State, Department of Health & Social Security. Certain members of the Council serve on it, and there is a very pleasant relationship between these bodies.

Medical List

On the 31st March 1972 the names of 86 Doctors were included on the Executive Council's Medical List as set out below:-

(a)	Principals for whom this Council is responsible	72
(b)	Principals for whom other Councils are responsible	12
(c)	Principals with limited lists for whom this Council is responsible	<u>2</u>
		<u>86</u>
(d)	Principals providing Maternity Medical Services for whom this Council is responsible	60
(e)	Principals providing Maternity Medical Service for whom other Councils are responsible	<u>6</u>
		<u>66</u>

Classification of Practice Areas

The Council's practice areas with their classification are as follows:-

<u>Practice Area</u>	<u>Classification</u>
Southend-on-Sea and Thorpe Bay	Open
Westcliff-on-Sea	Open
Leigh-on-Sea and Eastwood	Intermediate
Shoeburyness	Open

Persons on Doctors Lists

The Estimated population of the County Borough of Southend-on-Sea on the 1st July, 1971 was 162,420 compared with 164,770 on 1st July, 1970. The number of persons registered with Medical Practitioners at that date was 171,519 as compared with 172,527 the previous year.

Pharmaceutical List

On 31st March, 1972 the number of Chemist Contractors included in the Council's Pharmaceutical List were as follows:-

Pharmacies	44
Appliance Suppliers	<u>14</u>
	<u>58</u>

Dental List

On 31st March, 1971 the names of 49 dental practitioners were included in the Council's Dental List for the purpose of providing general dental services under the National Health Service.

The number of full-time Dental Assistants employed by the Principal Practitioners was one.

**Replacement
of Dental
Appliances**

Applications from 21 persons for the replacement of dental appliances were considered during the year. The decisions taken and the amount payable by the patients and by the Council were as follows:-

	Number of cases
(a) Whole cost to be borne by Council	15
(b) Whole cost to be borne by patient	-
(c) Part of the cost to be borne by patient	6
	<u>21</u>

**Ophthalmic
List**

On 31st March, 1972 the following were included in the Council's Ophthalmic List:

Ophthalmic Medical Practitioners	8
Ophthalmic Opticians	25
Dispensing Opticians	11

Sight Tests

The number of sight tests paid for over the last two years was 31,959 in 1971-72 and 34,081 in 1970-71.

**INFECTIOUS DISEASES
(See Table 34)**

Comment

In accordance with National figures (the lowest incidence for 20 years) the number of notifications of measles fell to 359 from 1269 last year. A substantial part of the decline may reasonably be attributed to measles vaccination.

This seems over all to have been a healthy year with figures below last year for Scarlet Fever, Dysentery, Food Poisoning, Respiratory T.B. and Whooping Cough. However, winter vomiting seems to be more of a problem year by year. This droplet spread infection can quickly affect large numbers of persons in a community such as a school or a class dramatically, but fortunately is of limited duration, 2 - 3 days.

Vaccination against German Measles became available and was offered to 13 year old girls and later in the year this was extended to all girls between their 11th and 14th birthdays. Vaccinations were carried out in schools or by private practitioners. Vaccine also became available for others outside these groups.

**Tuberculosis
(See Tables 35-38)**

Dr. E.G. Sita-Lumsden, the Consultant Physician, and the staff of the chest clinic have been kind enough to furnish much of the information presented in this section.

Notifications

(a) Respiratory. Persons notified totalled 34 of whom 16 males and 7 females were Southend residents. Primary notifications were 13 fewer than in the previous year, mainly accounted for by a marked reduction of 12 in female notifications. Inward transfers, at 11, were 5 fewer than in 1971 but these necessarily vary from year to year and are outside the control of preventive measures. There were no posthumous notifications during the year.

(b) Non-Respiratory. Primary notifications occurred in 3 men and 3 women all of whom were Southend residents. The site of disease were as follows:-

	Male	Female
Lymphadenitis	-	1
Kidney	1	-
Meninges	-	1
Abdomen	-	1
Chest wall	1	-
Paravertical abscess	1	-

Deaths

There were two male and no female deaths from this respiratory disease, being one male and two female deaths fewer than last year. There were no deaths recorded from non-respiratory conditions. Details of the two respiratory deaths are given below:

Male aged 51. Borough patient. Notified January 1941: recovered December 1949 but seen intermitently at the clinic until 1959. Re-notified 28.9.1971, and died two days later.

Male aged 69. Borough patient. Notified 1943: under continuous surveillance until date of death.

Cancer

There were 506 deaths directly attributable to malignant disease, 263 male and 243 female. Cancer of the lung and bronchus accounted for 25%, over three quarters of these being male. Cancer of the stomach accounted for 9% with a slightly larger figure for female deaths. Cancer of the breast 11% and 3.2% were due to cancer of the uterus. There was 7 deaths under 35 years of age due to malignant conditions. There are of course, other deaths associated with malignant disease where the prime cause of death, e.g. pneumonia would not indicate the basic condition.

Venereal Diseases

Dr. R. Spitzer, Consultant Venereologist has been kind enough to supply the statistics of the work done in the hospital clinics. The hospital clinics of course have a catchment area beyond Southend-on-Sea. Newspaper advertisements continue to be displayed each month setting out the days and times of the clinic sessions, as this continues to be a most valuable facet of health education.

	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
New Cases Syphilis (Southend)	3	9	16	14	6	6	7	8	8	4
New cases Gonorrhoea (Southend)	76	132	119	98	77	92	56	98	130	56
Total Attendances (Southend & Essex)	2247	2248	2147	2044	2284	2565	2350	3111	3192	4408

Crematorium

During the year 2,756 cremations were carried out at the Southend-on-Sea Crematorium.

Children in Need

Joint Circular of July 31st, 1950

Ministry of Health Circular 27/54 'Prevention of Break up of Families'.

The work of this Conference has shown very little change although out meetings have been as helpful as ever. During the year 79 families were considered by the Conference involving 158 Agenda items.

FAMILY PLANNING**Period 1.1.1971 – 31.12.1971****Kent Elms Clinic**

First Visit	241
Repeat Visit	<u>461</u>
Total	702

Southend Clinic

First Visit	3616
Repeat Visit	<u>5863</u>
Total	9479

Leigh Clinic

First Visit	266
Repeat Visit	<u>357</u>
Total	623

Thorpe Bay Clinic

First Visit	232
Repeat Visit	<u>423</u>
Total	655

OVERALL TOTAL 11,459

**PUBLIC HEALTH (AIRCRAFT REGULATIONS 1966
ALIENS ORDER 1953
COMMONWEALTH IMMIGRANTS ACT 1962 & 1969**

**AIRPORT
(See Table 39)**

Medical Officers of the department have duties under the Public Health (Aircraft Regulation) Act to ensure that infectious disease is not disseminated by passengers, aircrew or aircraft. With ever increasing travel and speed of travel airports are likely sites for importation of infectious disease. An outbreak overseas may call for added vigilance, screening of passengers and arrangements for emergency vaccinations or immunisations at airports and follow-up passengers and crews. The co-operation of immigration officers, customs and excise officers and airport staff is always forthcoming, and greatly appreciated.

In 1971 cholera was reported from 42 countries as against 40 in the previous year, according to the World Health Organisation. The actual numbers of infected countries are suspected of being higher. Both Spain and Portugal reported cholera for the first time.

Medical Inspectors became involved for the first time in examining some of the pregnant European women visiting this country for 2 or 3 days to procure if possible termination of pregnancy. These women were arriving in groups organised by an operator overseas and eventually when the press were becoming interested the flights ceased.

The table at the end of the book relating to customs movements of aircraft and passengers does not include internal flights within the United Kingdom. There was an increase over the previous year, aircraft movements being 21,507 compared with 18,721 in the previous year. Passenger movements were 446,690 as compared with 418,243 in 1970.

The medical staff of the Health Department hold warrants as Medical Inspectors of Aliens and Commonwealth Immigrants, as do a panel of General Practitioners who normally carry out these duties, remunerated in accordance with a scale of fees when they are summoned to the airport, either by the immigration officers in respect of these statutory duties or by the airport control staff in respect of calls for medical aid in cases of accident or illness. Warrant holders made 109 attendances at the airport to examine 456 commonwealth immigrants and 123 aliens.

MEDICAL REPORTS (See Table 40)

Examinations

The number of examinations carried out was 439 an increase on last years figure of 250.

Questionnaires

This year 1,280 questionnaires were scrutinised by the Medical Officers, 350 less than last year. Very few candidates were found to be medically unsuitable for the posts for which they applied. The questionnaire serves not only to protect the local authority, but also affords medical officers an opportunity to advise certain applicants as to more suitable occupations consistent with their physical or mental state. The number of special sick pay reports decreased from 118 to 50.

NURSING HOMES

Homes on register at end of year	No. of beds provided		
	Maternity	Others	Total
Avenue	-	13	13
Aylward	-	16	16
Langley Lodge	-	23	23
Lulworth Court	-	20	20
Oak House	-	16	16
Salisbury House	9	-	9
Trenow House	-	16	16
Two Ways	-	7	7
	9	111	120

CO-ORDINATION AND CO-OPERATION

The excellent relationships which have been built up over the years continued to help provide a co-ordinated service by Hospital, G.P. and Local Health Authority staff.

The Hospital Service continues to use Local Health Authority premises for ophthalmological and midwifery functions and the Deputy Medical Officer of Health and Senior Medical Officer continue their appointments as Clinical Assistants to the Consultant Paediatrician. [

The attachment of local authority nursing staff to General Practitioners continues, with ten domiciliary nurses so working and three Health Visitors.

Kidney Machines

During 1971 the first kidney machine (renal dialyser) was set up in the town for a 27 year old female patient who was under the care of a London Hospital. Co-operation between the London hospital, this Department, the Borough Architect's Department and the Housing Department was very good and arrangements were made for the patient, her mother and one other relative to be accommodated in a council house suitably adapted to the requirements of the kidney machine.

It is the Department's responsibility to pay for such adaptations and in the final total this was an amount of some £640. A great deal of work was put into this project by all concerned and my thanks are due to those who dealt with the project for the efficient and speedy way the project was drawn to a satisfactory conclusion.

Junior Training Centre

Under the provisions of the Education (Handicapped Children) Act, 1970 the responsibility for the Junior Training Centre in Southchurch Road was transferred on the 1st April 1971 to the Education Committee. The object behind this transfer was to class the Centre as a school in the same way as St. Nicholas and St. Christopher Schools operate in other parts of the town and the Junior Training Centre was re-named Lancaster School.

I could not allow the occasion to pass without paying very great tribute to Miss Moulder and all the staff, both present and past, at the Junior Training Centre for the excellent work they have done with these children in the past.

SOCIAL SERVICES DEPARTMENT

The Local Authority (Social Services) Act 1970 received the Royal Assent on the 29th May 1970 and embodied some but not all of the recommendations of the Seebohm Committee. In compliance with the Act the Council appointed Mr. K. Golding as their Director of Social Services in March 1971 and from that date until the end of the year the setting up of the Department in accordance with the provisions of the Act has been carried out. Basically, this has meant the division of the old Health and Welfare Department into a new Health Department and the combination of the Welfare Provisions with the old Children's Department to form the new Social Services Department.

Some members of the Health and Welfare Department staff whose work was connected with the old welfare section of the Department were transferred to the new Department and the accommodation on floors 5 and 6 was re-arranged to accommodate the Health Department on floor 6 and the new Social Services Department took over the whole of floor 5 and part of floor 4 at the Civic Centre.

The general idea behind the Seebohm Report and the ensuing Act is to provide a family social work in one Department. It is, however, extremely difficult to draw the line between what are social functions and what are health functions and although the two Departments are now separated there will still be a great deal of co-operation to ensure that the patients are given the best service available.

ENVIRONMENTAL HEALTH SERVICES

Mr. E.A. Ellis, M.A.P.H.I., M.R.S.H., Chief Public Health Inspector reports:

Staff

Mr. T.K. Aston, Deputy Chief Public Health Inspector since 1st April, 1967, left the service of the Corporation in August 1971 on being appointed Chief Public Health Inspector for the City of Bristol. During the time he was at Southend he made a very useful contribution to the environmental health services in the County Borough particularly in connection with the education of personnel employed in the food and catering industry.

His place was taken by Mr. J.K. Blakeley in October, 1971.

For some time past discussions and investigations have been conducted as to the need for clerical and administrative support to the Public Health Inspectors. In January of 1971 a new Administrative Assistant was appointed to take charge of the clerical staff in the Chief Public Health Inspector's section to give much needed relief to the Inspectors from the routine clerical and administrative duties attaching to their work. The filing system has been revised and the clerical process in course of streamlining.

Complaints

2,162 Complaints were received during the year relating to a wide variety of subjects. Each case was investigated and if the complaint was justified and the law permitted, steps were taken to deal with the matter complained of. In the first instance an informal approach was made to the person responsible, generally with satisfactory results. In 86 cases, however, formal legal action had to be resorted to and in 22 cases Court action was necessary.

58 Complaints concerned noise nuisances, the majority of which were resolved by informal action. 16 cases concerned noise from machinery on industrial premises and 8 concerned barking dogs.

Although it is comparatively easy to measure the noise level it is not always so easy to assess whether a nuisance exists. Reaction to noise is largely subjective and no two people react in the same manner. Generally the most an inspector can do is to decide what is reasonable in all the circumstances of the case and ensure that the person responsible for the noise takes all possible steps to keep it to a minimum. When a noise becomes an obsession the complainant can rarely be satisfied.

Housing

In addition to repairs to houses carried out following complaints a large number of repairs have been secured following application by landlords for qualification certificates to enable new rents to be fixed for the properties. In all 1,730 defects were repaired by this means.

Houses in which the rooms are let to members of more than one family continued to receive the close attention of the department with particular regard to the control of overcrowding and the provision of amenities. Whilst this type of accommodation serves a purpose in accommodating families which might otherwise be homeless, it cannot be regarded as a satisfactory substitute for self-contained houses or flats in which each family can enjoy its own facilities.

On Tuesday, 16th November 1971, a public enquiry was held regarding the John Street, and Rampart Street Clearance Area comprising 35 houses.

4 Unfit houses were made the subject of demolition orders during the year and closing orders were made in respect of 3 basement dwellings.

Food and Drugs

Throughout the year 962 samples of various types of food were taken to ensure fitness for human consumption and a satisfactory standard of quality. These included 284 samples of shellfish taken from local cockle beds.

156 Complaints about food bought locally which contained foreign bodies or was otherwise unsatisfactory, resulted in 43 prosecutions and £733 being imposed in fines. Bread continued to be the foodstuff about which complaints were most commonly made, there being 11 complaints of foreign matter in bread and 10 complaints of mouldy bread.

The sophisticated methods now used in the preparation, packaging and marketing of food, unless properly controlled, will increase the risk of unsatisfactory food being sold. It is clear, however, that all reputable food producers and handlers are alive to their responsibilities and do take great care to ensure that the highest possible standard is maintained.

There are 1,684 premises in the Borough in which food is prepared or sold to which the Food Hygiene Regulations apply. It is considered important that persons employed in these premises should have some training in food hygiene. A thirteen week course was held at the Southend-on-Sea Technical College which was attended by 33 students, 29 of whom were successful in passing the examination of the Royal Society of Health for the Certificate in the Hygiene of Food Retailing and Catering.

PUBLIC HEALTH INSPECTION

1. Complaints

No. Received	Notices Served		Prosecution
	Informal	Formal	
2162	984	86	22

2. Food & Drugs

Complaints re Food	Prosecutions	Total Fines Imposed
156	43	£733

Type	Samples Taken	Results
<u>General Food</u>		
Chemical Analysis - Informal	303	Unsatisfactory 25
Formal	7	" 1
Special samples (submitted following food complaints)	36	
<u>Milk</u>		
Phosphatase	189	Satisfactory
Turbidity	11	"
Methylene Blue	189	Unsatisfactory 3
Churns	4	Satisfactory
Bottles	16	"
<u>Cream</u>	5	
<u>Ice Cream</u>	148	Grade I 85
		" II 17
		" III 18
		" IV 28
<u>Shellfish</u>	284	Grade I 187
		" II 45
		" III 51
		" IV 1

3. Food Hygiene (General) Regulations 1960

Number of premises to which the Regulations apply:

Greengrocers	134	
Butchers	107	
Grocers	212	
Confectioners	217	
Fishmongers	51	
Bakers & Flour Confectioners	70	
Cafes	285	
Licensed Premises	134	
Ice Cream Manufacturers	5	
Hotels & Boarding Houses	250	
Canteens	94	
Dairies	4	
Miscellaneous	121	1684

All premises comply with Regulation 16, requiring the provision of washbasins and Regulation 19, requiring the provision of sinks, is complied with in the premises to which it applies.

Food Inspection

Over 15¾ tons of various foodstuffs were surrendered by food retailers as being unfit for human consumption.

Poultry Inspection

Number of poultry slaughtering premises with the district	3
Number of birds killed	50,990
Number of birds condemned	182
Average weekly slaughter	980

4. Regulations & Licensing Milk & Dairies (General) Regulations, 1959

Distributors of Milk	178
Dairies	2
Milk Store	1

Milk (Special Designation) Regulations 1963-1965

Dealers Pasteurisers Licences	2
Pre-packed Milk Licences	178

Food & Drugs Act, 1955 Section 16

Registration for sale, manufacture or storage of ice cream	550
Preparation of sausages or potted, pressed, pickled or preserved food.	176

Southend-on-Sea Corporation Act, 1947

Premises registered for sale of Shellfish	26
---	----

Caravan Sites & Control of Development Act, 1960

Sites licenced	2
----------------	---

Rag Flock and Other Filling Materials Act, 1951

Premises registered	12
---------------------	----

Pet Animals Act, 1951

Premises Registered 19

Riding Establishments Act, 1964

Premises Registered 1

Diseases of Animals (Waste Food) Order, 1957

Premises licenced 1

Pharmacy & Poisons Act, 1933

Persons registered 107

5. Inspections carried out

STATUTORY PROVISIONS	No. of Visits	Defects Found	Notices Served
Caravan Sites & Control of Development Act, 1960	52	-	-
Clean Air Act, 1956	704	2	2
Dirty & Verminous Premises	208	-	-
Diseases of Animals Act, 1950	140	-	-
Diseases of Animals (Waste Food) Order, 1957	-	-	-
Food Premises	5690	324	86
Hospital & Nursing Homes	29	2	-
Hotel & Boarding Houses	339	-	-
Infectious Disease Control	843	-	-
Merchandise Marks Act, 1926	21	-	-
Noise Abatement Act, 1960	733	1	4
Pet Animals Act, 1951	68	-	-
Pharmacy & Poisons Act, 1933	74	-	-
Places of Public Entertainment	9	-	-
Prevention of Damage by Pests Act, 1949	160	8	-
Rag Flock & Other Filling Materials Act, 1951	48	-	-
Rehousing Enquiries	128	-	-
Riding Establishments	26	-	-
Rodent Control	2630	713	-
Schools (Sanitary accommodation)	40	-	-
Shellfish Dealers	554	-	-
Swimming Pools	263	-	-
Offices, Shops & Railway Premises Act, 1963	2447	1257	356
Miscellaneous	2013	-	-
	<u>17219</u>	<u>2307</u>	<u>448</u>

6. Housing Act, 1969

During the year 428 applications were received from owners or agents for qualification certificates. After all the conditions had been satisfied, 175 qualification certificates were granted by the Local Authority. In order to assist owners in carrying out improvements, 300 improvement grant applications were dealt with. Works of Improvement and Repair carried out during 1971 to property in order to satisfy the qualifying condition under the provisions of the Act were as follows:

Internal:	Doors	60	External:	Brickwork & Rendering	128
	Flooring	47		Gully Dishing	70
	Plaster	176		Doors	31
	Washbasins & Sinks	22		Fencing	45
	W.C. & Baths	39		Gutters	35
	Windows	620		Painting	108
	Ascot Heater	1		Paving	45
	Woodworm Infestation	3		Rainwater Pipes & Gully	25
	Electrical Fittings	9		Roofs	79
	Fireplaces	17		Stairs & Steps	19
	Water Storage Tank	5		Windows	66
	Flue to Boiler	3		Woodwork	50
	Staircase	8		Manhole Cover	3
	Hot Water Cylinder	3		Soil Pipe	7
				Waste Water Pipe	1
				Fuel Bunker	1
				Fascia Boards	1
Improvements:	Bath & Shower	22			
	Wash Hand Basin	29			
	Sink	1			
	Hot & Cold Water				
	Supply Bath/Shower	23			
	Hot & Cold Water Supply				
	Wash Hand Basin	36			
	Hot & Cold Water				
	Supply Sink	20			
	W.C.	24			

Houses in Multiple Occupation

There are now in the Borough 227 Houses which are let as houses in multiple occupation to two or more families. Fifty of these houses are subject to directions made under Section 19, Housing Act, 1961., which limit the number of persons who may be accommodated having regard to the amenities available.

Repair of Houses

Three hundred and seventy-five houses were made fit during the year following the services of notices under the Public Health Acts.

Pest Control

During the year 713 properties were found to be infested by rodents and the appropriate treatment was carried out.

Pigeon control work was carried out by a contractor using trapping methods and pigeons were taken.

7. FACTORIES ACT, 1961

Inspections

Premises	Number on Register	Number of	
		Inspections	Written Notices
(a) Factories in which Sections 1, 2, 3,4, and 6 are to be enforced by the Local Authority	19	43	-
(b) Factories not included in (a) to which Section 7 applies	529	428	1
(c) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	27	74	-
Total	575	545	1

STATISTICAL TABLES

Table 1

Vital Statistics 1971

	Totals	Rates per 1,000 pop.	Rates per cent of live births	Rates per 1,000 live births	Rates per 1,000 live belated births	Rates per 1,000 live total births	England and Wales (Provis)
Live Births	2,019	12.4					16.0
Males 1027							
Females 992							
Illegitimate 225			11.0				8
Still Births	31					15.0	12.0
Males 15							
Females 16							
Total Live and Still Births	2,050						
Males 1042							
Females 1008							
Infant Deaths (under 1)	35			17			18
Males 19							
Females 16							
Legitimate 29							
Illegitimate 6							
Neo-natal deaths (under 4 weeks)	27			13			12
Males 13							
Females 14							
Early neo-natal (under 1 week)	24			12			10
Males 13							
Females 11							
Pre-natal mortality (Combined still births and deaths under 1 week).	55					27.00	22

* "Adjusted" rate i.e. the crude rate multiplied by the area comparability factor of 1.18.

Population

Estimated Mid Year Population 162,420

Table 2

Deaths caused by Diseases of the Respiratory System

Year	Tuberculosis		Lung Cancer		Pneumonia		Bronchitis		Asthma		Other Diseases	
	M	F	M	F	M	F	M	F	M	F	M	F
1971	2	-	108	19	43	66	86	23	3	5	10	11
1970	3	2	109	28	53	56	82	34	1	4	18	13
1969	2	2	104	29	48	60	85	30	1	1	11	13
1968	1	4	106	29	45	74	105	28	5	4	6	15
1967	2	3	91	23	31	31	83	38	.*	.*	9	5

*Separate figures for asthma not shown

Table 3

Deaths caused by Heart Disease

Year	Chronic Rheumatic Heart Disease		Hypertensive Disease		Ischaemic Disease		Other forms of heart Disease		Total for heart Disease	
	M	F	M	F	M	F	M	F	M	F
1971	9	21	14	19	322	280	31	47	376	367
1970	9	17	18	26	390	342	45	63	462	448
1969	6	22	19	26	364	316	34	77	423	441
1968	4	11	24	27	378	316	58	72	464	426
1967 *									389	390

* Figures for 1967 not available under these headings.

Table 4

DEATHS	TOTALS	RATES PER 1,000 POPULATION	ENGLAND WALES (PROVISIONAL)
Total Males 1,152			
Total Females 1,343			
All Deaths	2,495	11.2	11.6
FROM: -			
Whooping Cough	-	-	-
Diphtheria	-	-	-
Tuberculosis	2	0.01	0.01
Influenza	3	0.02	0.01
Acute Poliomyelitis	-	-	0.00
Pneumonia	109	0.67	0.81
Ischaemic Heart Disease	602	3.70	2.93

Table 5

DEATHS CAUSED BY VIOLENCE

AGE GROUP	MOTOR VEHICLE ACCIDENTS		ALL OTHER ACCIDENTS		SUICIDE	
	M	F	M	F	M	F
UNDER	-	-	-	2	-	-
1 - 4	1	-	-	-	-	-
5 - 14	-	-	-	-	-	-
15 - 24	3	-	1	-	2	-
25 - 34	-	-	-	1	-	-
35 - 44	-	-	-	-	1	1
45 - 54	-	1	-	-	2	3
55 - 64	2	1	1	-	1	1
65 - 74	-	1	2	5	1	4
75 and over	2	1	6	12	-	2
TOTAL	8	4	10	20	7	11

Table 6**Expenditure****Principal Expenditure - Year ended 31st March, 1971**

			£
N.H.S.A.	Section	21 Health Centres	29,073.60
		22 Care of Mothers and Young Children	39,720.98
		23 Midwifery	33,175.64
		24 Health Visiting	48,554.40
		25 Home Nursing	66,282.65
		26 Vaccinations and Immunisation	9,572.73
		27 Ambulance Service	87,298.71
		28 Prevention of Illness and After Care	17,970.91
		Other Health Services	1,421.58
		Income from these Services	24,408.25

PUBLIC HEALTH ACTS

Public Health Inspection	55,701.20
Disinfecting	2,574.66
Mortuary	2,354.06
Rodent Control	1,519.93
Health General	6,753.62
Income from these Services	533.49

Table 7

Child Welfare Clinic Attendances

	Southend	Southchurch	Leigh	Westcliff	Shoebury	Thorpedene	Kent Elms	Blenheim	Manners Way	Earls Hall	North Avenue	TOTAL
Number of Sessions	102	100	72	102	50	102	103	26	23	28	52	760
Number attending Born in 1971	206	225	181	344	90	137	252	45	25	37	87	1629
Born in 1970	211	220	141	214	46	81	238	44	30	50	61	1336
Born in 1966-1969	115	103	117	166	38	64	86	10	13	21	10	743
Total Attendances Born in 1971	1520	1764	1176	2263	967	1169	2208	377	228	341	1000	13013
Born in 1970	1076	1370	964	1713	616	975	1751	189	187	320	423	9584
Born in 1966-1969	348	245	214	324	277	252	319	35	31	75	37	2157
Number aged 1 to 5 (routine medical inspections)	145	145	200	198	10	56	32	-	-	14	23	823

Table 8

Welfare and Other Foods Distributed

Year	National Dried Milk Packets	Cod Liver Oil Bottles	Vitamins A and D Packets.	Orange Juice Bottles	Children's Vitamin Drops Bottles
1968	16,075	2,232	2,036	40,750	-
1969	15,287	2,226	2,306	44,750	-
1970	11,995	2,017	2,362	45,237	-
1971	11,993	708	1,669	39,440	2,875

Table 9**Ante-Natal Clinics**

	M.H.C.	Leigh	Kent Elms	Westcliff	Thorpedene	Total
Number of Sessions	156	28	50	104	49	387
Number of individual mothers	861	220	341	590	292	2304
Total Attendances	3800	790	1547	1827	635	8599

Table 10**Post-Natal Clinics**

	M.H.C.	Leigh	Kent Elms	Westcliff	Thorpedene	Total
Number of Sessions held	34	28	50	104	49	265
Number of individual expectant mothers who attended	301	102	144	173	54	774
Total Attendances	338	126	196	182	58	900

Table 11**Relaxation Classes**

Number of sessions	253
Number of expectant mothers who attended	532
Total attendances	3290

Table 12

Ante-Natal Haemoglobin Estimations during 1971 - 1422 tests

Haemoglobin Gms. %	Under 7.5	7.5 - 8.1	8.2 - 8.9	9.0 - 9.6	9.7 - 10.4	10.5 - 11.2	11.3 - 12.0	12.1 - 12.6	12.7 - 13.3	13.4 - 14.1	14.2 - 14.8	14.9 +
% Haemoglobin 14.8 average	Under 51	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	91-100	100
No of Tests	-	2	5	8	41	108	324	331	342	199	44	18
% of each group	-	0.1	0.3	0.6	2.9	7.6	22.8	23.3	24.1	14.0	3.1	1.2

Table 13

V.E.R.L. Tests		Rhesus Factor Tests		
No. of tests made	Negative	No. of tests made	Rh. Positive	Rh. Negative
1458	1457	1475	1228	247

Table 14

Deaths Under 1 year by Age Groups

Age Groups	Male	Female	Total
Under 24 hours	9	7	16
24 hours - 1 week	4	4	8
Total under 1 week	13	11	24
1 - 2 weeks	-	1	1
2 - 4 weeks	2	2	2
Total Neo-natal mortality	13	14	27
1 - 3 months	3	1	4
3 - 6 months	2	-	2
6 - 9 months	1	1	2
9 - 12 months	-	-	-
Total Infant Mortality	19	16	35

Table 15

Peri-Natal Mortality

Year	No. of stillbirths	No. of infants dying aged up to and including seven days	Total	Total live and stillbirths	Rate per 1,000 live and stillbirths
1971	31	24	55	2,050	26.8
1970	27	27	54	2,130	25.3
1969	26	20	46	2,167	21.0
1968	35	23	58	2,223	26.1
1967	28	30	58	2,302	25.2
1966	37	25	62	2,427	25.6
1965	42	31	73	2,463	29.6
1964	34	31	65	2,485	26.2
1963	38	27	65	2,510	25.9
1962	27	29	56	2,421	23.1

Table 16

Premature Births 1971

Weight at birth	Premature Live Births												Premature stillbirths	
	Born at home or in a nursing home													
	Born in Hospital				Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died within 24 hrs. of birth	Died in 1 day and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hrs. of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hrs. of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Born in Hospital	Born at home or in nursing home
2 lb. 3 oz. or less	8	-	-	-	1	-	-	1	1	-	-	1	6	-
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	11	4	-	-	-	-	-	-	-	-	-	-	4	-
Over 3 lb. 4 oz up to and including 4 lb 6 oz.	18	2	1	-	1	-	-	-	1	-	-	-	4	-
Over 4 lb. 6 oz.up to and incl. 4 lb. 15 oz.	27	-	-	-	1	-	-	-	1	-	-	-	1	-
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	36	-	-	-	10	-	-	-	2	-	-	-	2	-
TOTALS	100	6	1	-	13	-	-	1	5	-	-	1	17	-

TABLE 17

<u>Infant Deaths</u>		<u>Still Births</u>	
Prematurity	7	Congenital Abnormalities:	
Respiratory failure (associated with prematurity)	10	(a) endocardial fibroelastosis	1
Respiratory failure	3	(b) congenital cardiac	1
Birth injury	2	Others:	
Cot deaths	5	(a) Haemorrhagic disease of newborn	1
Infections — Pneumonia	1	(b) Bronchopneumonia - repaired meningo myelocoele	1
		(c) Hyaline membrane disease - Mongolism	1
		(d) Peritonitis - Hirschsprung's disease	1
		(e) Respiratory insufficiency - transportation of great arteries	1

TABLE 18Deaths of Children between ages 1 to 5 years

Male:	22 months:	Cerebral laceration (Misadventure)
	2 years:	Bronchopneumonia (Myeloid Leukaemia)
Female:	2 years:	Multiple injuries (Manslaughter)

TABLE 19Deaths of Children between ages 5 to 15 years

Male:	5 years:	Pneumonia (Degenerative brain disease)
	7 years:	Bronchopneumonia (Chronia Lymphatic Leucaemia)
Female:	No deaths recorded	

Table 20
Congenital Malformations

Year	Notifications Received	Notifications Returned to G.R.O.	Rates per 1000 births (live and still)
1966	59	25	10.3
1967	72	35	15.2
1968	43	26	11.9
1969	37	26	12.0
1970	57	41	19.2
1971	52	33	16.1

Table 21
Health Visiting

1.	Cases visited by Health Visitors	No. of cases
1.	Total number of cases	7793
2.	Children born in 1971	2512
3.	Children born in 1970	1798
4.	Children born in 1966 - 1969	2576
5.	Total number of children in lines 2 - 4 . .	6886
6.	Persons aged 65 or over.	23
7.	Number included in line 6 who were visited at the special request of a GP or Hospital	5
8.	Mentally disordered persons	14
9.	Number included in line 8 who were visited at the special request of a GP or Hospital	-
10.	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals).	4
11.	Number included in line 10 who were visited at the special request of a GP or hospital	3
12.	Number of tuberculosis households visited	2
13.	Number of households visited on account of other infectious diseases	30
14.	Other cases	835
15.	Number of tuberculosis households visited by tuberculosis visitors	98

Table 22

HOME NURSING SERVICE

Year	Age at time of first visit during the year			
	Over 65		Under 5	
	No.	Visits Paid	No.	Visits Paid
1967	2792	75,428	29	111
1968	2970	75,565	16	73
1969	2981	76,571	18	178
1970	3086	77,096	17	437
1971	3152	83,132	34	439

Table 23

MEDICAL COMFORTS 1971

No. of issues	1212
Total No. of Articles	1561
<hr/>	
Bedpans	399
Plastic Sheets	150
Air Rings	99
Feeding Cups	28
Wheelchairs	184
Cradles	146
Bottles	88
Crutches	74
Commodes	180
Back Rests	111
Walking Aids	79
Walking Sticks	23
<hr/>	
Total	1561
<hr/>	

Table 24

HOME NURSING

Classification of Conditions treated	Number of Patients Visited					
	1949	1967	1968	1969	1970	1971
Accidents	23	5	6	9	17	4
Amputations	6	3	1	-	4	6
Blood Diseases	32	602	658	501	546	408
Bronchitis and Pleurisy	81	321	386	341	355	340
Burns and Scalds	20	25	19	20	47	20
Carbuncles, Boils and Abscesses	44	40	22	21	23	13
Cardiac and Circulatory Conditions	200	400	494	490	561	417
Cerebral Haemorrhage	142	289	297	266	203	242
Dental Conditions	-	1	-	1	-	1
Diabetes Mellitus	142	70	76	67	71	69
Ear, Nose and Throat Conditions	88	21	18	22	46	28
Enema (for treatment)	188	381	408	326	368	304
Enema (for investigation)	255	486	561	568	522	500
Eye Conditions	13	12	15	10	15	17
Fractures	27	8	16	14	32	40
Gangrene	9	7	2	3	1	2
Gastric Conditions	19	4	6	2	5	-
Gynaecological conditions	45	26	23	17	20	18
Helminth Infections	55	-	-	-	-	-
Infectious Diseases	5	-	-	-	1	-
Influenza	11	2	7	14	4	1
Injections (for unclassified causes)	20	3	3	23	48	68
Maternity	7	37	5	5	5	-
Miscarriage	13	6	2	2	3	2
Malignant Diseases	167	286	189	193	214	200
Nervous Diseases	2	45	65	60	37	27
Operations	8	1	-	2	6	5
Paralysis (other than strokes)	37	40	5	2	11	5
Pneumonia	90	41	35	25	24	25
Prostatic Conditions	66	6	8	17	27	19
Pyrexia of Unknown Origin	-	1	-	-	1	1
Rheumatic Diseases	62	243	130	113	116	254
Senility	135	343	291	304	264	246
Skin Conditions	26	43	30	48	44	20
Surgical Dressings	92	364	394	410	592	772
Tuberculosis	22	50	27	30	29	29
Urinary and Renal Conditions	3	37	221	224	139	92
Ulceration of Legs	36	140	186	206	238	225
Not classified	8	4	2	2	3	-
Total Patients	2,199	4,393	4,408	4,358	4,562	4,420
Total Visits	56,897	99,758	111,880	107,318	110,679	118,513
Total of whole-time and equivalent whole-time staff at end of year	14.5	27	27.2	30	31	33

Table 25

Smallpox Vaccination - aged under 16 (In July, 1971,
The Ministry recommended against this vaccination as
a routine procedure in early childhood)

<u>At Council's Clinics:</u>	<u>By Private Practitioners:</u>
Primary.....854	Primary.....617
Re-Vaccination180	Re-Vaccination231

Table 26

Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles and Rubella

	Diphtheria	Whooping Cough	Tetanus	Poliomyelitis	Measles	Rubella (German Measles)
Completed Primary Courses .						
1) At Council's Clinics.						
Children under 4	953	938	953	1,053	687	-
Children 4 - 16	119	10	120	158	74	2,882
Totals	1,072	948	1,073	1,211	761	2,882
2) By Private Practitioners.						
Children under 4	871	841	882	801	620	-
Children 4 - 16	52	29	361	62	138	203
Totals	923	870	1,243	863	758	203
Reinforcing Doses						
1) At Council's Clinics.						
Children under 4	6	1	6	5		
Children 4 - 16	1,043	-	1,050	1,048		
Totals	1,049	1	1,056	1,053		
2) By Private Practitioners.						
Children under 4	62	38	71	54		
Children 4 - 14	984	171	1,386	996		
Totals	1,046	209	1,457	1,050		

Table 27

Cholera	1	Tetanus	2
Typhoid	3	Yellow Fever	383
Cholera/Typhoid	566	Typhoid/Tetanus	0
Smallpox	459		
(Adults only)			

Table 28

AMBULANCE SERVICE

	Mileage		Patients Carried		Miles per Patient	
	1971	1970	1971	1970	1971	1970
St. John Ambulance Brigade	118,452	119,222	16.664	17.418	7.11	6.84
Corporation Lift Ambulance	25,383	25,726	15.212	15,816	1.67	1.63
Hospital Car Service	261,769	263,890	47.533	49.464	5.51	5.33
Corporation Car Pool	132,006	133,853	24.056	24.262	5.49	5.52

Transport by Rail	<u>40,884</u>	<u>38,307</u>	<u>1,006</u>	<u>951</u>	40.64	40.28
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Table 29

Proportionate comparison, 1961, 1970 and 1971

	Miles			Patients		
	1961 %	1970 %	1971 %	1961 %	1970 %	1971 %
St. John Ambulance Brigade	29	22	22	19	16	16
Corporation Lift Ambulances	8	5	5	20	15	15
Hospital Car Service	60	48	48	60	46	46
Corporation Car Pool	3	25	25	1	23	23

Table 30A**Analysis of Journeys - All Services**

Journey	Patients Carried		Increase	Decrease
	1971	1970		
London Hospitals	482	424	58	-
Limb Fitting Centre, Roehampton	194	117	77	-
Limb Fitting Centre, Gillingham	521	628	-	107
Limb Fitting Centre, Cambridge	150	118	32	-
Runwell Hospital	11,446	11,849	-	403
Rochford General Hospital	19,682	20,271	-	589
Other Hospitals outside the Borough	181	235	-	54
Convalescent Homes outside the Borough	66	48	18	-
Miscellaneous transfers outside the Borough	120	251	-	131
Southend General Hospital	64,713	65,430	-	717
Occupational Therapy Dept., Westcliff	1,258	2,410	-	1,152
Westcliff Hospital	233	621	-	388
Lancaster House	-	337	-	337
Local railway stations	991	946	45	-
Miscellaneous local journeys	3,428	3,275	153	-
	103,465	106,960		3,495

(3.3%)

Table 30B**Analysis of Journeys - St. John Ambulance Brigade**

Journey	Patients Carried		Increase	Decrease
	1971	1970		
London Hospitals	92	108	-	16
Limb Fitting Centre, Gillingham	-	24	-	24
Limb Fitting Centre, Cambridge	6	-	6	-
Runwell Hospital	145	123	22	-
Rochford General Hospital	4,500	4,992	-	492
Other Hospitals outside the Borough	20	28	-	8
Miscellaneous transfers outside the Borough	29	41	-	12
Southend General Hospital	8,186	8,049	137	-
Westcliff Hospital	232	618	-	386
Lancaster House	-	64	-	64
Local railway stations	255	154	101	-
Miscellaneous local journeys	3,199	3,217	-	18
	16,664	17,418	-	754

(4.3%)

Table 30C**Analysis of Journeys - Hospital Car Service**

Journey	Patients Carried		Increase	Decrease
	1971	1970		
London Hospitals	382	311	71	-
Limb Fitting Centre, Roehampton	188	117	71	-
Limb Fitting Centre, Gillingham	509	604	-	95
Limb Fitting Centre, Cambridge	144	114	30	-
Runwell Hospital	466	383	83	-
Rochford General Hospital	2,400	2,832	-	432
Other Hospitals outside the Borough	140	185	-	45
Convalescent Homes outside the Borough	66	48	18	-
Miscellaneous transfers outside the Borough	80	180	-	100
Southend General Hospital	40,984	41,205	-	221
Occupational Therapy Dept., Westcliff	1,258	2,410	-	1,152
Westcliff Hospital	1	3	-	2
Lancaster House	-	270	-	270
Local railway stations	708	756	-	48
Miscellaneous local journeys	207	46	161	-
	47,533	49,464	-	1,931

(3.9%)

Table 30D**Analysis of Journeys - Corporation Car Pool**

Journey	Patients Carried		Increase	Decrease
	1971	1970		
London Hospitals	6	3	3	-
Limb Fitting Centre, Roehampton	6	-	6	-
Runwell Hospital	10,835	11,343	-	508
Rochford General Hospital	12,778	12,445	333	-
Other Hospitals outside the Borough	14	17	-	3
Miscellaneous transfers outside the Borough	11	30	-	19
Southend General Hospital	376	396	-	20
Lancaster House	-	3	-	3
Local railway stations	8	13	-	5
Miscellaneous local journeys	22	12	10	-
	24,056	24,262		206

(0.8%)

Table 30E**Analysis of Journeys - Corporation Lift Ambulances**

Journey	Patients Carried		Increase	Decrease
	1971	1970		
London Hospitals	2	2	-	-
Limb Fitting Centre, Gillingham	12	-	12	-
Limb Fitting Centre, Cambridge	-	4	-	4
Other Hospitals outside the Borough	7	5	2	-
Rochford General Hospital	4	2	2	-
Southend General Hospital and local clinics	15,167	15,780	-	613
Local railway stations	20	23	-	3
	15,212	15,816		604

(3.8%)

Table 30F
Analysis of Rail Journeys

	Patients Carried		Increase	Decrease
	1971	1970		
<u>London Hospitals</u>				
Brompton Hospital, S.W.3.	6	10	-	4
Charing Cross Hospital, W.C.2.	20	21	-	1
Guy's Hospital, S.E.1.	19	42	-	23
Hammersmith Hospital, W.12	78	54	24	-
Hospital for Sick Children, W.C.1.	57	134	-	77
Kings College Hospital, S.E.5.	8	10	-	2
Limb Fitting Centre, Roehampton, S.W.15	77	68	9	-
London Hospital, E.1.	101	98	3	-
London Chest Hospital, E.2.	39	16	23	-
Middlesex Hospital, W.1.	34	26	8	-
Moorfields Eye Hospital, E.C.1.	108	90	18	-
Moorfields Eye Hospital, W.C.1.	54	21	33	-
National Hospital, W.C.1.	10	35	-	25
Queen Elizabeth Hospital, E.2.	-	19	-	19
Royal Marsden Hospital, S.W.3.	4	11	-	7
Royal National Orthopaedic Hospital, W.1.	95	93	2	-
St. Bartholomew's Hospital, E.C.1.	117	59	58	-
St. Mary's Hospital, W.2.	14	1	13	-
West End Hospital, W.1.	10	12	-	2
Westminster Hospital, S.W.1.	21	11	10	-
Other London Hospitals	66	51	15	-
<u>Other Hospitals</u>				
Harold Wood Hospital	-	18	-	18
Heatherwood Hospital, Ascot	6	1	5	-
Royal Infirmary, Edinburgh	-	2	-	2
St. John's Hospital, Droitwich	-	1	-	1
Western General Hospital, Edinburgh	4	6	-	2
Wexham Park Hospital, Slough	2	-	2	-
Miscellaneous transfers and discharges to addresses outside the County Borough	56	41	15	
	1,006	951	55	

(5.8%)

Table 31

Tuberculin Skin Testing and B.C.G. Vaccination

	Acceptance Rate %	Percentage Previously Vaccinated	Natural Positive Rate %	Conversion Rate %
1st year	92.0 (95.0)	6.79 (7.87)	0.99 (1.20)	- -
2nd year	94.6 (94.3)	8.68 (7.70)	1.45 (1.44)	0.29 (0.40)
3rd year	94.9 (93.1)	7.88 (7.48)	1.53 (1.94)	0.25 (0.38)

The Figures in brackets are those for the previous year.

Table 32

Heaf Reactions of Unvaccinated Secondary School Pupils

	Grade of Reaction to Heaf Test				Total
	1	2	3	4	
1st year	12 (13)	5 (2)	- (2)	- (-)	17 (17)
2nd year	6 (11)	- (-)	- (1)	- (-)	6 (12)
3rd year	6 (7)	1 (1)	- (1)	- (-)	7 (9)
Total	24 (31)	6 (3)	- (4)	- (-)	30 (38)

The Figures in brackets are those for the previous year.

Table 33

Summary - All Schools

Total No.	First Year Pupils	Second Year Pupils	Third Year Pupils	Private Schools	Total
Invited	2241	2166	2417	49	6873
Consented	2061	2048	2295	49	6453
Tested	1809	1733	2196	49	5787
Negative	1684	1604	1997	44	5329
Natural Positive	15	6	7	-	28
Prior vaccination	2	2	115	5	124
Converters	-	4	4	-	8
B.C.G. given	-	-	1881	43	1924

Table 34

Infectious Diseases – Notifications

Disease	March	June	September	December	Total
Measles	96	179	76	8	359
Dysentery	1	-	-	2	3
Scarlet Fever	11	11	7	17	46
Acute Meningitis	-	-	1	-	1
Ophthalmia Neo-natorum	2	1	6	-	9
Malaria	-	-	1	-	1
Paratyphoid Fever	-	1	-	-	1
Food Poisoning	4	9	10	8	31
Infective Jaundice	9	7	6	3	25
Resp. Tuberculosis	10	7	2	5	24
Meninges & CNS	1	-	-	-	1
T.B. 'Other'	2	1	-	2	5
Whooping Cough	21	10	13	6	50
	157	227	122	50	557

Table 35
Tuberculosis Notifications and Deaths

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
5	2	-	2	-	-	-	-	-	1	1	2	-	-	-	-	-
15	2	-	2	-	-	-	-	-	2	2	4	-	-	-	-	-
25	-	-	-	-	-	-	-	-	2	1	3	-	2	-	2	-
35	3	1	4	-	2	-	2	-	-	-	-	-	-	-	-	-
45	4	-	4	1	1	-	1	-	-	-	-	-	1	-	1	-
55	1	3	4	-	-	-	-	-	1	1	2	-	-	-	-	-
65	3	2	5	1	-	-	-	-	1	-	1	-	-	-	-	-
75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	16	6	22	2	3	-	3	-	7	5	12	-	3	-	3	-

Table 36
Respiratory Tuberculosis
Primary Notifications Classified According to Age Groups

Age Groups	1964		1965		1966		1967		1968		1969		1970		1971	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
1	1	3	-	-	1	1	-	-	-	1	-	-	-	2	1	-
5	3	1	1	-	2	2	2	2	2	2	3	-	5	4	2	1
15	3	3	3	3	1	2	2	1	-	1	2	3	1	2	2	2
25	3	3	1	2	3	5	5	-	-	1	2	1	2	3	-	2
35	3	3	2	6	2	2	-	2	1	1	4	2	1	1	3	-
45	4	1	9	1	1	3	3	-	4	-	1	1	2	5	4	-
55	6	-	6	1	-	4	4	1	1	-	1	-	4	-	1	1
65	3	1	7	1	1	3	3	1	2	3	5	1	1	1	3	1
75	-	1	2	2	3	1	1	-	3	4	2	-	1	1	-	-
Totals	25	16	31	16	25	14	23	7	13	13	20	8	17	19	16	7
	41		47		39		30		26		28		36		23	

Table 37

Work of the Chest Clinic

	Respiratory				Non-Respiratory				Totals				Grand Totals
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
No. of notified cases on clinic register at 1st January.	354	240	8	19	16	53	5	1	370	293	13	20	696
Transfers from clinics outside area during year.	6	4	-	1	-	-	-	-	6	4	-	1	11
Children transferred to adult register													
No. of new cases diagnosed during year :T.B.negative	2	2	-	-	-	-	-	-	2	2	-	-	4
T.B.negative	2	2	3	1	1	1	-	-	3	3	3	1	10
	12	4	-	-	2	2	-	-	14	6	-	-	20
Totals	376	252	11	21	19	56	5	1	395	308	16	22	741
No. of cases written off clinic register during the year:													
Recovered	5	7	1	2	-	3	-	-	5	10	1	1	17
Died (all causes)	12	-	-	-	-	-	-	-	12	-	-	-	12
Removed to other clinic areas	6	1	-	-	-	-	-	-	6	1	-	-	7
Children transferred to adult register	-	-	2	2	-	-	-	-	-	-	2	2	4
Other reasons	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	23	8	1	1	-	3	-	-	23	11	1	1	36
No. of notified cases on clinic Register at 31st December	353	244	8	18	19	53	5	1	372	297	13	19	701
No. of above known to have had positive sputum during year	-	-	-	-	-	-	-	-	14	7	-	-	21
No. of persons (excluding transfers) first examined during the year	-	-	-	-	-	-	-	-	991	785	113	112	2001
No. of those who attended as contacts and who were diagnosed as: Tuberculous	-	-	-	-	-	-	-	-	-	1	2	-	3
Not tuberculous	-	-	-	-	-	-	-	-	52	42	27	31	152
Not determined as at 31st December	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 38

Cases on Register at 31st December

Year	Respiratory				Non-Respiratory				Totals				Grand Totals
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1971	353	244	8	18	19	53	5	1	372	297	13	19	701
1970	354	240	8	19	16	53	5	1	370	293	13	20	696
1969	355	229	6	19	15	52	5	1	370	281	11	20	682
1968	367	246	8	18	14	50	5	1	381	296	13	19	709
1967	386	253	8	21	13	52	6	1	399	305	14	22	740
1966	400	280	5	20	9	54	5	-	409	334	10	21	774
1965	403	278	5	17	7	51	5	-	410	329	10	17	776
1964	396	283	6	21	6	51	6	-	402	334	12	21	769
1963	397	283	6	23	5	44	6	-	402	327	12	23	764
1962	394	284	5	20	5	41	6	-	399	325	11	20	755

Table 39

Customs Movements of Aircraft and Passengers

Month	Movements		Passengers	
	In	Out	In	Out
January	479	476	5643	5373
February	490	482	6398	6519
March	584	582	8196	8852
April	1196	1180	27394	28717
May	1223	1220	23194	27533
June	1227	1247	28487	26384
July	1276	1302	30585	33566
August	1281	1284	33742	33686
September	1121	1129	26216	23272
October	822	829	15654	13255
November	550	545	7069	7890
December	489	493	9404	9661
	10738	10769	221982	224708

Table 40.**Medical Reports**

Department	Statement of Health	Medical Examinations	Sick Pay
Airport	10	-	-
Architects	19	2	-
Cemeteries	7	-	2
Education, TTC	-	211	-
Education	588	75	6
Engineers	126	39	21
Fire	6	44	1
Health	28	8	2
Housing	5	-	1
Justices Clerks	4	-	-
Libraries	16	1	-
Police	7	3	-
Public Amenities	166	19	5
Town Clerks	28	3	1
Transport	123	18	5
Treasurers	22	3	1
Weights & Measures	2	-	-
Social Services	123	13	5
TOTALS	1,280	439	50

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C

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Care of Mothers & Young Children	7,8,9
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Children in need	20
Chiropody	16
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**ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL
OFFICER FOR THE YEAR 1971**

**PRIMARY AND SPECIAL EDUCATION SUB-COMMITTEE
OF THE EDUCATION COMMITTEE**

Chairman

Alderman L.H. Curtois

Vice-Chairman

Mr. F.C. Gardner

Ex-Officio:

Chairman of Education Committee
Alderman A.V. Mussett

Vice-Chairman of Education Committee
Councillor E.F. Hyde

Councillor S.G. Ayre
Councillor L.W.F. Bennett
Councillor Mrs. M.M.C. Bullock-Jarman
Councillor C.T. Jarman
Councillor Mrs. J. Sargent
Councillor L.A. Woodward
Rev. Canon F. Dobson
Rev. Canon S.T. Erskine
Mr. J.F. Dixon
Mr. H.F. McCarthy

STAFF OF THE SCHOOL HEALTH SERVICE

A. Whole-time Officers:

Principal School Medical Officer:
G.V. Griffin, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:
M.R. Mellor, M.B., Ch.B., L.R.C.P., D.P.H.

Senior Medical Officer and Senior School Medical Officer:
I.B. Barrie, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Senior Assistant Medical Officer and Senior Assistant School Medical Officer:
M.S.M. Adams, M.B., B.S., M.R.C.S., L.R.C.P. appointed 20.4.71

Chief Dental Officer:
J.M. Stratford, L.D.S.

Dental Officer:
G.D. Drury, L.D.S., R.C.S.(Eng.) appointed 5.4.71
resigned 31.7.71

Superintendent Health Visitor:

Miss E. Roberts, S.R.N., S.C.M., S.R.F.N., H.V. Diploma, H.V. Cert.
retired 22.12.71.

Health Visitors and School Nurses:

14 whole-time, 3 part-time
1 student under training

School Clinic Nurse:

Mrs. E. Delve, S.R.N., resigned 11.3.71. 1 School Clinic Attendant
Mrs. J.E. Arthur, S.R.N. appointed 26.4.71.

School Nurses: 3

Senior Administrative Assistant:

Miss A.M. Roberts

Administrative Assistant:

Mrs. G. Knight

Clerks: 8

Dental Attendant 1 Dental Clerk 1

Secretary - Child Guidance Clinic:

Mrs. C. Brown

B. Part-time Officers:

Medical Staff 3

Psychiatrist:

H. Bevan-Jones, M.R.C.S., L.R.C.P., D.P.M.

Social Worker (Child Guidance Clinic)

Mrs. E.J. Loveday, appointed 6.9.71

Senior Educational Psychologist:

Mrs. E.R. Harding, M.A., resigned 31.8.71

Assistant Educational Psychologists:

Miss I.E. Clements, B.A.

Mrs. V.J. Macpherson, B.A.

Dental Officer:

D.F. Hayes, B.D.S., appointed 23.8.71

Speech Therapists:

Miss J. Sibley, L.C.S.T., resigned 30.4.71. Reappointed 5. 10. 71

Mrs. H.J. Iles, L.C.S.T., resigned 31.8.71.

Dental Attendant 1.

Physiotherapist at Kingsdown School: 1

Physiotherapy Assistant: 1

Physiotherapists at Lancaster School: 2.

Public Health Department,
Civic Centre,
Southend-on-Sea.

Telephone: 49451.

ANNUAL REPORT

I have pleasure in presenting, as Principal School Medical Officer, my annual report for 1971.

This year the programme for periodic and selective medical inspection was completed as was the immunisation programme. Apart from the screening of vision of seven year olds in two schools the screening programme of vision and hearing was also completed. The supervision of the health and welfare of the handicapped pupils was maintained and the services to the school leavers was improved as the staff involved became more aware of the further provision which could be made. The health education programme now appears to be getting under way.

The information in the following pages is not just a report of work done; it is a record of the enthusiasm and willingness of staff of many departments to co-operate and share responsibilities to provide a service which benefits the school children in the borough.

I conclude by thanking Dr. Barrie and all the staff in the school health service whose work enabled this report to be written, I also take this opportunity of thanking the Education Committee, the Chief Education Officer and his staff for their continued interest, support and co-operation.

Principal School Medical Officer

STAFF

Dr. M.S. Adams was appointed Senior Assistant Medical Officer in April. Mrs. J.E. Arthur was appointed School Clinic Nurse in April to replace Mrs. E. Delve who resigned in March. Miss J. Sibley, Speech Therapist, returned to the Department in October after a break of six months. Mrs. H.J. Iles, Speech Therapist, left in August. Mr. D.S. Hayes was appointed part-time Dental Officer in August. Mrs. E.R. Harding, M.A., resigned as Senior Educational Psychologist at the end of August. Mrs. E.G. Loveday was appointed Social Worker to the Child Guidance Clinic in September.

The last of the staff changes this year in the School Health Service was made by the retirement in December of Miss E. Roberts who had been Superintendent Health Visitor and in charge of School Nurses for 22 years. At her farewell party, attended by many past and present staff, a presentation was made and good wishes for a happy retirement were extended to her.

MEDICAL AND DENTAL INSPECTIONS

Selective Medical Inspections

The selective medical inspection scheme was extended to the junior schools this year.

Medical examinations and Testing of Vision and Hearing

Since there have been several changes in recent years, the present arrangements made for medical examination of school children and for testing vision and hearing in school are described.

Infant Schools

All children are medically examined and their vision tested in their first year at school. Parents are advised when this is to happen and invited to attend. A school nurse visits the school prior to the examination and carries out hearing tests.

Junior Schools

Vision and hearing tests carried out by the school nurse are repeated during the child's first year in the junior school and again during his final year there. Colour vision testing is done at this stage.

All children in their last year at junior school are due for medical examination under the provisions of Section 48 of the Education Act 1944, but a selective medical examination scheme provides that only those in the following categories are examined. Selection is made by the School Medical Officer.

1. Children whose school medical records, amplified by a questionnaire completed by parents or guardians, indicate that this will be beneficial.
2. Children for whom no medical records (or an incomplete one) is held.
3. Children for whom a completed questionnaire is not returned.
4. Children for whom the Head Teacher or Parent has specially requested examination.

Secondary Schools

Testing of vision is carried out during a pupil's second and third years at school. It is hoped eventually to be able to repeat this during the last year of compulsory education.

The selective medical examination scheme (as for junior schools) operates at present in the third year; this may be deferred until the 4th year when the school leaving age is raised in 1972/73.

The School Health Service exists to help both parents and children. Consultations at any stage of a child's school life can be arranged either directly with the Health Department or through the Head Teacher.

Periodic Inspections

With the introduction of selective medical inspections to the junior schools this year the number of periodic inspections fell to 1153 from 2859 in the previous year.

Medical Inspections of Young Children

All children are examined during their first year at school but children entering the nursery classes have a medical examination prior to entry.

The child population below compulsory school entrance age is supervised by the health visitors. Any of these children whose development causes concern are brought forward to the medical staff who keep their progress under review. The aim is that any child with a handicapping condition or potentially handicapping condition can be assessed and the condition dealt with as fully as possible before school entry.

Facilities are available for some children under the age of five years at Lancaster School, at the Partially Hearing Unit, Prince Avenue Infant School, and at the Observation Unit at St. Christopher School. Admission to these classes is made on the recommendation of the Principal School Medical Officer to the Chief Education Officer. The Children's Day-Centre at Southend General Hospital has a nursery class staffed by a teacher employed by the Local Education Authority. Most children in this class are physically handicapped and are receiving physiotherapy, occupational therapy and speech therapy from hospital staff and are under the supervision of a Consultant Paediatrician. Case conferences on these children are held regularly by the hospital staff and staff of the School Health Service. When the child reaches school age arrangements are made by the School Medical Officer for his admission to the most appropriate school. In other circumstances the admission of a child to the two nursery classes in the town may be recommended or a placement in one of the private play-groups or with daily minders may be arranged.

Medical Supervision of Handicapped Pupils

The regular visits by school medical staff to the special schools were maintained.

Dental Inspections and Treatment

The following is the report of Mr. J.M. Stratford, L.D.S., Principal School Dental Officer:-

" I am glad to report that there has been an increase in the number of school inspections carried out and the amount of conservation completed compared with last year, even though the acceptance rate is still at 16.5% level.

During 1971, 14,420 children were inspected, when 65 schools were visited; the figures for 1970 were 2,245 inspections in 17 schools.

The percentage of the school population requiring treatment was 57%.

There was a satisfactory increase in the number of completed courses of treatment from 510 in 1970 to 1188 in 1971.

The following interesting figures appear in the various age groups showing the ratio of teeth filled and those extracted.

5 - 9 age group 1971 ratio of conserved teeth to extracted teeth		5 - 9 age group 1970 ratio of conserved teeth to extracted teeth	
Permanent dentition	13 : 1	Permanent dentition	3 : 1
Deciduous dentition	18 : 1	Deciduous dentition	0.8 : 1
10 - 14 age group 1971 ratio of conserved teeth to extracted teeth		10 - 14 age group 1970 ratio of conserved teeth to extracted teeth	
Permanent dentition	6 : 1	Permanent dentition	3 : 1
Deciduous dentition	0.6 : 1	Deciduous dentition	0.3 : 1
In 15 year and over group 1971 ratio of conserved teeth to extracted teeth		In 15 year and over group 1970 ratio of conserved teeth to extracted teeth	
	5 : 1		1.5 : 1

Considering the increased amount of treatment carried out during the year it is pleasing to compare the extraction figures for permanent teeth in all age groups with those for last year (1970). The extraction figures remain fairly constant.

5 - 9 age group Permanent extraction	1970	1971	10 - 14 age group Permanent extraction	1970	1971
	49	46		154	175

15+ age group Permanent extraction	1970	1971
	36	37

I am glad to report that the need for prosthetic appliances amongst school children remains small within this Authority.

Fortunately, 1971 will be the last year in which the secondary schools will be excluded from Dental School Inspections. It is planned to carry out inspections for the first three forms, commencing 1972.

There has been an increase in the number of new orthodontic cases started during the year from 10 in 1970 compared to 17 in 1971 with the addition of 10 cases referred to the newly appointed Consultant Orthodontist at Southend General Hospital.

Unfortunately due to lack of adequate finance a dental health project had to be postponed.

During the latter part of the year a start was made on a recall system for all pupils completing a course of treatment in an effort to interest children in good dental health habits and reduce the amount of treatment necessary to maintain dental fitness."

PROVISION OF MILK AND MEALS

Milk in Schools

The Governments policy of free milk in schools has been modified so that there is now no longer a statutory provision of a third of a pint a day for children who are over seven years in primary schools.

Local Education Authorities may make provision for the sale of milk in primary schools to children who are over the age of seven. They may also supply milk free of charge to children in this age group whom the School Medical Officer certifies as requiring milk for the sake of their health. Arrangements were made so that any child considered in need of free milk should be referred to the Principal School Medical Officer; the school children were examined by one of the medical staff and certificates were issued by the Principal School Medical Officer for generally a minimum of one school year. Four children were referred to the Principal School Medical Officer and free milk was authorised for them all.

Total number of one-third pint bottles of milk supplied:-

Maintained schools	1,885,173
Independent schools	<u>120,543</u>
TOTAL	<u>2,005,716</u>

In accordance with the policy introduced by the Department of Education and Science it was only possible to supply one-third pint bottles of milk free of charge to pupils in the following categories with effect from the 1st September, 1971.

- (a) Every pupil in every special school.
- (b) Every pupil in every primary school until the end of the summer term ending next after the date on which he attains the age of seven.
- (c) Every other pupil in a primary school and every junior pupil in an all age school or middle school in respect of whom there is for the time being in force a certificate given by the Medical Officer of the Authority stating that his health requires that he should be provided with milk at school.

The sale of one-third pint bottles of milk to pupils no longer eligible for free milk was introduced on 28th October 1971, at a charge of 3p a bottle.

School Meals Service

Number of meals supplied 2,802,284

Percentage of children on roll taking meals: Primary 56%
Secondary 45%

On a selected day, 16% of the meals served to pupils in maintained schools were free meals.

Number of Kitchens

Three new kitchens opened during 1971 making a total of 49 kitchens. The following schools are the only maintained schools which continue to receive container meals from kitchens not on their own premises:-

St. Helens, R.C. Junior Mixed and Infants School
Hamlet Court Infant School
Lancaster School (formerly the Junior Training Centre) taken over from the Health Committee on the 1st April, 1971).

Outside Agencies

Meals were supplied to two independent schools.

From April 1971 no meals were supplied for the Meals on Wheels service; this was replaced by a frozen food service inaugurated by the Health Department. Until this date, School Meals staff had worked on a rota basis throughout the school holidays to provide meals for the service.

There were no outbreaks of food poisoning associated with the School Meals service.

ARRANGEMENTS FOR TREATMENT

General

A. School Clinics

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. Monday to Friday throughout the year.

B. Minor Ailment Treatment Centre

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m. Monday to Friday
(Treatment by School Clinic Nurse)

C. Dental Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 10 sessions weekly.

A second Surgery open for 10 sessions weekly between 5.4.71
and 31.7.71 and for 4 sessions weekly from 23.8.71.

No. 70 Burnham Road, Leigh-on-Sea.

Owing to staff shortages this Clinic was not open during the year.

D. Eye Clinic

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday morning at 9.30 a.m.

E. Child Guidance Clinic

Psychiatrist provided by Regional Hospital Board.

Premises and ancillary staff provided by Local Authority.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Psychiatrist
attends on 6 sessions a week on Monday, Tuesday and Friday
throughout the year.

F. Speech Therapy Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. There is an
establishment for two Speech Therapists working at the Central
Clinic and at the clinic premises at Leigh and Thorpedene as
required. They are also engaged on work at the schools. Visits
are paid to ordinary schools and regular visits to special schools.

The Central Clinic at the Municipal Health Centre, Warrior Square, continues to provide a full range of services comprising inspection clinics, minor ailment treatment centre, dental clinic and special clinics for child guidance, speech therapy and ophthalmic services. These premises are shared by the maternity and child welfare and immunisation services of the Health Committee, as are the peripheral clinics at Eastwood, Leigh, Westcliff and Thorpedene.

Malnutrition

Two children examined at a periodic medical inspection were considered to be in an unsatisfactory physical condition. Both these cases were followed up. Teachers are encouraged to refer to the school health service any child whose condition causes them concern.

Minor Ailments

There were 1328 attendances at school clinics compared with 1136 in 1970. These figures include both chance attendances at the medical officers' clinics and special examination undertaken by appointment. With the appointment system more time is available to be spent on the child and his problem. The clinics at Leigh, Kent Elms and Thorpedene remained closed for casual attenders but when it was found that there were sufficient children requiring examination in these areas special clinics were arranged and the pupils invited to attend there by appointment. School clinic arrangements at Warrior Square were maintained: 142 attendances for treatment of minor ailments were dealt with by the school clinic nurse.

Plantar Warts

It was found necessary to provide special clinics dealing with pupils suffering from plantar warts: 3273 treatments for plantar warts were carried out compared with 1639 the previous year. Investigations were started to find out where the outbreaks were occurring to prevent further spread.

Uncleanliness & Verminous Conditions

Fifty-one pupils were found to be infested in the course of 13,708 inspections. The school nurses were responsible in the main for the supervision of these conditions. Children are excluded from school until infestation is cleared. The Headteacher requires a clearance certificate before allowing the pupil to re-enter the school, the certificate being obtained from either the School Health Service or from the General Practitioner.

Convalescent Treatment

No children were recommended for convalescent treatment under the Education Committee's scheme. Convalescence which is required as a continuation of hospital treatment is provided by the hospital service under the National Health Service.

Eye Diseases and Defective Vision

Children with squints are referred direct to a consultant at the hospital. Children found to have refractive errors may attend the Eye Clinic at the Municipal Health Centre or a private optician. Variation in visual acuity may appear at any age during school life and as the onset is gradual the child may not realise that his visual acuity is deteriorating. The screening services are bringing forward to our attention many of these children, and the school nurses on occasion have a difficult task in persuading the parents that action should be taken in the interest of their child's vision. A school medical officer is responsible for the surveillance of the school progress of children suffering from severe defects of vision and if it becomes necessary will indicate the need for the provision of special education.

Orthoptic Clinic

Since 1968, children requiring orthoptic treatment have attended the General Hospital.

Diseases of the Ear, Nose and Throat

At periodic, selective and special inspections by the school medical officers, eleven children were reported to require treatment for conditions of the nose and throat. Screening audiometric tests of hearing are carried out by the school nurses and when indicated the children are referred to the school medical officer for further investigations. It is possible at present to hold at least one clinic per week where children with hearing problems are seen by a doctor with special experience in E.N.T. conditions. Some general practitioners are now referring children to the School Health Service for assessment of hearing. In many cases the condition does not warrant surgical intervention, nor will medical treatment improve the condition. The children's conditions are reported to the headteachers by the medical staff and advice on their management in school is given. It is hoped that in the future a peripatetic teacher of the deaf will be able to supervise these pupils' progress in school. The aim is to prevent these children becoming educationally retarded because of their difficulty in hearing in the school situation.

The Department of Education and Science would like the number of pupils of all ages known to have received operative treatment for adenoids and chronic tonsillitis to be reported. Fifty-two cases were reported to the Local Authority from the hospital this year against 97 in 1970. The Health Department tries to keep a complete record of the number of children wearing hearing aids in school. A school medical officer and the teacher in charge of the partially hearing unit are informed of these cases and an attempt is made to advise the school staff and the pupil concerned on the best use of the equipment.

Orthopaedic and Postural Defects

Advice and in-patient treatment are provided locally at Southend General Hospital. This year the figure is not available of the number of children attending the orthopaedic out-patient department. Children with defects are kept in an ordinary school, if possible, but if this would be detrimental to their education or health they can be transferred to Kingsdown School for physically handicapped and delicate children, or if need be to residential special schools.

School medical officers attend the hospital outpatient department where some of these children are under observation. The consultant paediatrician and a physiotherapist employed by the hospital visit Kingsdown School. This arrangement helps to provide continuity of care and treatment between the hospital and school.

Speech Therapy

During the year the two speech therapists who were in post at the beginning of the year both left. However, we were very fortunate in that Miss Sibley returned to England in September and was immediately re-engaged in her old capacity.

The special schools were visited regularly; 375 children were treated and 1385 attendances recorded at clinics.

Diagnosis	Boys	Girls	Total
Defective articulation	128	41	169
Retarded speech and language	68	31	99
Non-fluency	20	9	29
Cleft palate	4	4	8
Hypernasality	4	1	5
Hyponasality	1	-	1
Specific language disorder	11	3	14
Communication disorder	9	4	13
Hearing loss	7	4	11
Dysarthric/dyspraxic element	16	7	23
Dysphonia	2	1	3
	270	105	375

Child Guidance

The work of the Child Guidance Clinic continued in its pattern of individual and group interviews by the Consultant Psychiatrist of the children, their parents and those involved with the children.

Medical undergraduates and trainee educational psychologists visited the clinic and Priory School as part of their training.

Staff Changes

Mrs. E.R. Harding, M.A., Senior Educational Psychologist, left to take up a Lecturing appointment at Reading University. Mrs. Loveday was appointed part-time social worker.

Part-time Psychiatrist

Interviews with children	659
Interviews with parents	729
Interviews with Head teachers, Probation Officers and other agencies	230

The following tables show the sources of referral in the 134 cases referred to the clinic during the year, and the age range of the children concerned:-

Sources of referral:

	Boys	Girls	Total
Parents	11	4	15
Principal School Medical Officer	17	7	24
Probation Officers/Juvenile Court	3	-	3
General Practitioners	24	16	40
Medical Officers (S. G. H.)	3	8	11
Educational Psychologists	21	4	25
Head Teachers	7	5	12
Other Agencies	4	-	4
	90	44	134

Age Range	Boys	Girls	Total
Under 5 years	10	3	13
5 - 7 years	26	8	34
8 - 10 years	27	8	35
11 - 13 years	19	16	35
14 - 16 years	8	9	17
	90	44	134

Psychologists have maintained regular visits to all special schools. Since the responsibility for the education of severely sub-normal children was transferred to the Education Committee in April, regular visits have been made to Lancaster School (previously the Junior Training Centre). In addition, the psychologists maintained visits and contacts with the teachers and pupils in the ordinary schools. The level of informal discussions and consultation with the teachers increased during the year and many children were assisted indirectly without individual referral becoming necessary. The result has been that the majority of those referred for individual assessment and advice have been those requiring more intensive help. A full report of the educational psychologists will be found in the Annual Report of the Chief Education Officer.

WORK OF THE SCHOOL NURSES

Health Visitors have a joint appointment of Health Visitor/School Nurse. The work of the Health Visitor in the school takes the form mainly of health education. Some home visits are paid in special cases where parent counselling is required.

Three School Nurses without the Health Visitor's qualifications are employed, so that the other services to the schools are maintained. They attended the sessions for medical inspection of all children entering infant school for the first time, and the pupils chosen for medical inspection in the junior and secondary schools. They carried out screening tests of vision and hearing on pupils at the ages of 5 and 7 years as well as vision tests on pupils at the ages of 10, 12, and 13, including colour vision of both boys and girls. Cleanliness inspections were carried out when indicated.

The following table indicates the variety of reasons for the school nurses' follow-up visits to the home.

	No. of children visited	No. of visits made
Encourage attendance for special examination	180	185
Hearing difficulties	117	116
Squint or defective vision	139	137
Verminous conditions	234	198
Infectious diseases	55	46
Contagious skin diseases (Impetigo, Ringworm)	120	107
Poor physical condition or dirty	63	48
Vaccination or immunisation	1	1
Parent counselling	48	46
Other conditions	137	159
Total	1094	1043

HEALTH EDUCATION

After reviewing the work done by the health visitors in the field of health education, it was decided that the health visitors would deal less with mothercraft, which is available to expectant mothers at the ante-natal clinics, and

would pay more attention to personal relationships and to modern health problems, subjects relevant to both boys and girls. Early in the year, the part that the School Health Department could play in school programmes of health education was described to headteachers of secondary schools. The following are schools where health education was carried out during 1971 by staff of the Health Department or in liaison with the school staff.

Belfairs High School for Girls	148 sessions
Westborough High School for Girls	70 "
Eastwood High School for Girls	Liaison and 4 afternoons in the Public Health Dept.
Southend High School for Girls	Liaison and 2 afternoons " " " "
Dowsett High School for Girls	4 sessions
College of Technology	2 half days
Westcliff High School for Boys (Biology Section)	2 extra-curricular periods

Health Education was not confined to secondary schools. The Government's decision to give more publicity to smoking problems resulted in more interest being shown by the schools in trying to teach children the hazards of smoking. A model Smoking Suzy was purchased and proved instantly popular, as shown by the number of requests for its use in schools, particularly in the junior schools.

The promotion of health education was also effected by participation of our staff at various meetings attended by members of other professions involved with the school population to gather information and share experiences. Student teachers, who during their course of study do a health education project, found a ready source of information and advice in our Health Educator. It was satisfying to note the growing interest in the health education provided by the School Health Service as indicated by the increasing number of requests for advice and information from the schools.

HANDICAPPED PUPILS

Day Schools

The Authority now has three day schools for educationally subnormal pupils, since the responsibility for the education of severely subnormal children was transferred to the Education Committee in April 1971. There is also a day school for physically handicapped and delicate pupils, and one day school for maladjusted pupils. There is a special unit for partially hearing children attached to Prince Avenue Infant School and there is a small unit sited at St. Christopher School for children up to the age of 7 years whose general development is causing concern.

In each case the pupil is assessed as fully as possible before a recommendation is made to transfer him from an ordinary school to a special school. In the special schools there are many pupils who suffer from more than one handicap and every effort is taken to ensure that the staff at the school are aware of all the problems the child has to cope with, so that he can benefit as much as possible from all the available special education.

HOSPITAL AND HOME TUITION

Mrs. Jean Berg and assistant provide hospital tuition. They visit the medical and surgical wards at Southend General Hospital. The co-operation of the headteachers of schools, the nursing staff and the occupational therapists is an essential part of this service. A teacher is not provided at Rochford Hospital, but

any child who is admitted for other than short-term care is catered for on an individual basis by a school, via the Education Department.

This year a nursery class in charge of the teacher seconded to the Hospital Service opened at the Children's Day Centre at Southend General Hospital. Children who attend the Day Centre are severely handicapped. They attend hospital for intensive treatment and further diagnosis. Part of their on-going assessment is carried out in the nursery class. In addition to the value of the service that the teacher provides to the individual child, her knowledge and information on the child is useful when an assessment is made of the child's potential, when the time comes for a recommendation to be made to the Chief Education Officer concerning future schooling.

		<u>Children</u>	<u>Teaching Sessions</u>
<u>Wards</u>	Borough	388	1180
	County	350	1260
		<hr/> 738 <hr/>	<hr/> 2440 <hr/>
<u>Children's Day Centre</u>	Borough	14	772
	County	36	2809
		<hr/> 50 <hr/>	<hr/> 3581 <hr/>

No teacher was employed for home tuition this year.

UNIT FOR PARTIALLY HEARING CHILDREN

This unit continues to cater for children of nursery school and infant school age. As soon as a child is diagnosed as having a severe hearing problem he is referred with the parents to the teacher in charge of the unit for support and training in the management of the handicap. The child's admission to the unit is arranged as soon as it is possible. Integration with the pupils in the main school is encouraged. At present, if a child cannot cope in the ordinary school from the age of about 7 years, a residential place is sought for that child. Some children in ordinary schools who have hearing problems are visited by the teacher from the partially hearing unit, but there are others in the ordinary schools who would benefit from the attention of a peripatetic teacher of the deaf. At present, when a child is found to be suffering from a conductive hearing loss which may last for some time he is brought to the attention of the headteacher by letter from the

Principal School Medical Officer. General advice is given in the letter and a request is made that if any problems are noted then the child should be referred to the School Health Service immediately for further action on his case.

SPECIAL SCHOOLS

St.Christopher and St. Nicholas Schools

These two schools provide day special education for educationally subnormal pupils. It was possible to maintain regular visits to these schools by school medical officers this year. Each school provides an evening centre which affords educational, recreational and industrial experience for school leavers. The headteachers maintain contact with the other Local Authority officers who are involved in the care of children attending these schools. A few places were again available for pupils who, despite being at the lower end of normal intelligence, are so educationally retarded that they require remedial education at present not available in ordinary schools. The progress of these pupils is reviewed carefully so that their transfer to ordinary education is arranged as soon as possible.

Lancaster School

Lancaster School, formerly called the Junior Training Centre, became the responsibility of the Education Authority this year. As soon as the Health Department becomes aware that a child is likely to attend this school the parents are put in touch with the headteacher of the school. When the parent agrees, the informal admission on a part-time basis is made while the child is still of nursery school age. School medical officers maintain close supervision of the children's general development. A consultant physician attends regularly to see the children and to advise the parents, the school staff and the medical staff on their further management. The staff of the Social Services Department are closely associated in the care given to these children and the support given to the families. Physiotherapy and speech therapy are available. The educational psychologist visits this school regularly. The parents take an active interest in this school. Evening parent-group meetings initiated and guided by Dr. Mellor are held where parents discuss the many aspects of mental handicap, share experiences and advise each other on the management of their children.

Kingsdown School

This is a day school for physically handicapped and delicate children. When places are available they may be taken up by children living in Essex. Physiotherapy is provided by a physiotherapist and her assistant who are employed by the Hospital Management Committee and whose salaries are reimbursed to the Hospital Management Committee by the Education Authority. A consultant paediatrician from Southend General Hospital acts as a paediatric adviser to the school. He visits once a month. The medical officer attached to the school works as a clinical assistant at the paediatric out-patient department. This close co-operation between hospital and school is considered a great advantage in the care and supervision of the pupils at the school.

Many of the pupils in this school are multiple-handicapped and the help of the educational psychologists is proving invaluable in the assessment of these pupils' conditions. With their assistance a more complete diagnosis of a condition is possible. Their information is also useful to the school teachers in dealing with pupils who are having more learning difficulties than would be expected from their medical and social histories.

Southend and District Riding Club for the Disabled have continued with their arrangements for enabling some of the pupils at the school to learn horse-riding. Swimming is available for most of the pupils. The following table shows an analysis of the conditions of the 119 children who were in attendance during the year.

Conditions	Boys	Girls
Abnormal Gait	-	1
Achondroplasia	-	1
Arthrogryposis	2	-
Asthma	10	4
Ataxia	2	-
Athetosis	1	-
Bronchiectasis	1	-
Cerebral Palsy	15	5
Cerebral Tumour	1	2
Progressive Cerebellar Syndrome	1	-
Coeliac Disease	-	1
Congenital Dislocation of Hip	-	1
Congenital Heart Disease	2	5
Craniopharyngioma	1	-
Dermatomyositis	-	2
Diabetes	-	2
Eczema	3	-
Emotional Difficulties	2	2
Epilepsy	1	2
Exomphalos	-	1
Fallot's Tetralogy	1	-
Fybro Cystic Disease	1	-
Fragilitas Ossium	-	1
Galactosaemia	1	-
General Debility	1	-
Haemophilia	2	-
Hemiparesis	2	1
Hydrocephalus	-	1
Hypospadias	1	-
Hypotonia	2	1
Ichthyosis	1	-
Meningo Myelocoele	-	1
Morquio's Disease	1	-
Muscular Dystrophy	2	-
Myelomeningocoele and Hydrocephalus	-	2
Paraplegia	-	1
Partial Sight	-	2
Perthes Disease	3	-
Post-Poliomyelitis	-	1
Rheumatoid Arthritis	-	3
Recurrent Respiratory Infections	2	3
Rheumatic Carditis	-	1
Scoliosis	-	1
Sickle Cell Anaemia	1	-
Spina Bifida	3	3
Spinal Deformity	-	1
Upper Motorneurone Disease	-	1
	66	53
Total	119	

Priory School

Priory School is a day school providing special education for 50 maladjusted pupils. Admission is made on the recommendation of the Principal School Medical Officer acting upon advice from the consultant psychiatrist at the child guidance clinic. Most children are discharged back to ordinary schools. In a few cases transfer to residential schools is recommended but it is very difficult to obtain such places. It was not possible this year to maintain regular visits to this school by a school medical officer. Special visits were made to the school on request.

Residential Schools

The Authority provides no residential special schools and the following table shows the number of children with varying categories of handicap, who have attended residential special schools during the year.

	Boys	Girls
<u>Blind and Partially Sighted</u>		
East Anglian School, Gorleston-on-Sea	2	-
Dorton House, Seal	-	1
Blatchington Court School, Seaford	-	1
<u>Deaf and Partially Hearing</u>		
Nutfield Priory	-	2
Woodford School, Woodford Green	7	3
Hamilton Lodge	1	-
Royal School, Margate	-	2
East Anglian School, Gorleston-on-Sea	1	-
Ovingdean Hall, Brighton	1	-
Tewin Water School, Welwyn	-	1
<u>Educationally Subnormal</u>		
MacIntyre Schools Ltd. Bedfordshire	2	-
Ramsden Hall	1	-
Sheiling School, Bristol	1	-
Pield Heath School, Hillingdon	-	1
Michael House School, Ilkeston	-	1
Society School, Ealing	1	-
<u>Physically Defective and Delicate</u>		
Tremough Convent, Penryn	-	1
Staplefield Place School, Sussex	-	1
John Capel Hanbury School, Woodford Bridge	-	1
Ingfield Manor, Billinghamurst	1	-
Florence Treloar, Alton	-	1
Meath School, Ottershaw	1	-
<u>Epileptic</u>		
Lingfield Hospital School	2	2
<u>Maladjusted</u>		
Pitt House	1	-
Periton Mead School, Minehead	-	1
Nazeing Park School, Nazeing	-	1
<u>Speech Defect</u>		
Moor House, Oxted	1	-
Royal School for Deaf, Margate	1	-

Handicapped Pupils		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Educationally subnormal		(9) Epileptic (10) Speech Defects		TOTAL (1) - (10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
In the year ended 31st December 1971												
Newly ascertained as	boys	1	-	-	-	2	4	17	28	-	-	52
requiring special schooling	girls	-	1	-	-	4	1	5	11	-	-	22
(i) No. of above newly	boys	1	-	-	-	2	3	11	21	-	-	38
placed in special schools	girls	-	-	-	-	4	-	2	9	-	-	15
(ii) Ascertained prior to 1.1.71	boys	-	-	-	1	1	-	1	-	-	-	3
and newly placed in special	girls	-	-	-	-	-	-	-	1	-	-	1
schools												
Requiring Places in special schools												
(a) Day	boys	-	-	-	-	-	2	9	6	-	-	17
	girls	-	-	-	-	-	-	5	1	-	-	6
(b) Boarding	boys	1	-	-	-	-	-	4	1	-	-	6
	girls	-	1	-	-	-	-	-	-	-	-	1
(i) Attending maintained special schools												
(a) Day	boys	1	-	1	-	18	14	36	151	-	-	221
	girls	-	2	-	-	15	8	13	116	1	-	155
(b) Boarding	boys	-	2	-	1	-	-	-	1	-	-	4
	girls	-	-	-	3	-	-	2	-	-	-	5
(ii) Attending non-maintained special schools												
(a) Day	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	boys	-	-	-	1	-	1	-	-	1	2	5
	girls	1	1	-	-	-	1	-	-	2	-	5
(iii) Attending Independent schools												
(a) Day	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	boys	-	-	2	5	1	-	1	4	-	-	13
	girls	-	-	-	2	-	1	-	1	-	-	4
Receiving education otherwise than at school												
(i) in hospital	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
(ii) in other groups	boys	-	-	-	-	9	-	-	-	-	-	9
	girls	-	-	-	-	6	-	-	-	-	-	6
(iii) at home	boys	-	-	-	-	-	-	-	-	-	-	-
	girls	-	-	-	-	-	-	-	-	-	-	-
TOTAL												
	boys	2	2	3	7	28	17	50	163	1	2	275
	girls	1	4	-	5	21	10	20	118	3	-	182

EMPLOYMENT OF SCHOOL CHILDREN

Pupils seeking employment require to be examined only when specially indicated: 12 boys and 20 girls were examined prior to temporary theatrical employment this year.

CAREERS SERVICE

Since the selective medical examination scheme is in operation, the amended Y9 form for the information of the careers officer is completed by the school medical officer only when he has information which he considers will be useful to the careers officer. The careers officer can request information when he considers that further information on a school-leaver would assist him in placing the pupil. Much time and effort is spent in collecting information on the school-leavers from all the special schools and on handicapped pupils from ordinary schools. Some handicapped school-leavers can be found suitable employment, but many require further educational training and social support. Further education is available at further education centres at St. Christopher School and Fairfax High School. Some leavers from the day schools for E.S.N. children may require sheltered working conditions or further training. At present limited facilities are available at Maybrook Adult Training Centre (which is the responsibility of the Social Services Department). It is hoped that after some sheltered industrial experience, social training and some academic work, these youths will eventually be able to take up open employment. Arrangements for the further education and training of physically handicapped school leavers are made on an individual basis. It can be provided by arrangement with the Health Committee and with the co-operation of the Department of Employment & Productivity. Handicapped pupils can obtain further training at the College of Technology and residential courses can also be arranged.

SCHOOL HYGIENE

All the learner swimming pools are provided with automatic filtration and chlorination units. Daily records are kept of the residual chlorine content and pH of the water. Public Health Inspectors take samples periodically for bacteriological examination. The water has been maintained at standards which meet the Health Department requirements. No outbreaks of infectious disease have been caused by contaminated water in these pools.

The number of pupils attending the clinics for treatment of plantar warts increased to such an extent that special clinics had to be arranged. The school time lost by some of these pupils caused concern. Further measures are planned to try to stop the present epidemic and to prevent further occurrences.

Applicants for posts in the School Meals Service submit a health questionnaire for scrutiny by medical officers and are given written instructions on personal hygiene. All staff are required to produce evidence of a satisfactory chest x-ray examination. Whenever a member of a kitchen staff or School Meals assistant has suffered a gastro-intestinal upset, the opinion of the medical officer is sought and guidance given concerning her return to work. Once more there were no outbreaks of food-borne infection associated with the School Meals Service.

PROPHYLACTIC MEASURES

The Local Health Authority has been providing for some time protection against poliomyelitis, smallpox, diphtheria, whooping cough, tetanus and measles. The visits to senior schools, introduced in 1970, to vaccinate girls against rubella, continued.

**B.C.G.
Vaccination**

B.C.G. vaccination against tuberculosis is the responsibility of the Chest Clinic and School Health Service. In the schools, in the B.C.G. age-group (13 years), 2,072 children were tested, of whom 1,996 were negative reactors and 1,919 received B.C.G. vaccine. In addition, 3,542 children outside this age-group received skin tests. Arrangements for dealing with pupils with positive or doubtful positive reactions to the Heaf test remained the same.

Infectious Diseases

It was possible this year to revise the recommendations for action in the event of the occurrence of infectious diseases among children attending schools, nursery schools, nursery classes, play-groups and child-minding groups. An account of the procedure was published as a leaflet for the information of those concerned.

The information given is as follows:-

Procedure as to the exclusion from School, Nursery School, Nursery Class, Playgroup or Child Minder's group on account of Infectious Disease

	Usual Incubation Period	PERIOD OF EXCLUSION	
		PATIENTS	CONTACTS i. e. the other members of the family or household living together as a family, that is in one tenement
Chicken Pox	11 - 21 days	6 days from the appearance of the rash	None
Diphtheria	2 - 5 days	Until declared fit by M.O.H.	Until M.O.H. allows return.
Dysentery (Bacillary)	1 - 7 days	Until stools are formed	None
Food Poisoning	2 hours - 3 days	Until stools are formed	None
German Measles (Rubella)	2 - 3 weeks	4 days from the appearance of the rash	None
Infectious Jaundice	2 - 7 weeks	Until 7 days from onset of jaundice	None
Measles	10 - 15 days *** Epidemic - See over	7 days after the appearance of the rash	None
Meningococcal Infection (Meningitis)	2 - 10 days	Until declared fit by M.O.H. or G.P.	None
Mumps	12 - 26 days	Until swelling has subsided	None

Continued.

	Usual Incubation Period	PERIOD OF EXCLUSION	
		PATIENTS	CONTACTS i. e. the other members of the family or household living together as a family, that is in one tenement
Poliomyelitis	3 - 21 days	Until declared fit by M. O. H.	Until M. O. H. allows return
Scarlet Fever (and streptococcal sore throat)	2 - 5 days	Until declared fit by M.O.H. or G.P.	None
Whooping Cough	7 - 10 days *** Epidemic - / See below	21 days from the beginning of the characteristic cough	None

*** DURING AN EPIDEMIC OF MEASLES OR WHOOPING COUGH CHILDREN UNDER FIVE YEARS OF AGE SHOULD NOT BE ADMITTED FOR THE FIRST TIME TO A NURSERY CLASS, NURSERY SCHOOL, INFANT SCHOOL, PLAYGROUP OR CHILD MINDER'S GROUP UNLESS IT IS QUITE CERTAIN THAT THEY HAVE ALREADY HAD THE DISEASE OR BEEN VACCINATED AGAINST IT.

Intimation of the occurrence of any of these diseases, particularly undue prevalence among school children, should be sent to the Health Department as early as possible.

Members of staff (including secretaries and caretakers and others in contact with children) should have applied to them the same rules regarding exclusion as for children.

If one member of a family has ringworm or scabies or is infested with nits, it is highly desirable that the other members should be examined to see if they are free from contagion. If a child who has been suffering from scalp ringworm is re-admitted on the certificate of a general practitioner that the child is free from contagion, notice of the child's re-admission should be sent to the Medical Officer of Health.

Impetigo - Children should be excluded until spots have healed unless lesions can be covered.

The share of teachers in the control of infection is of primary importance, as infection is often spread in school by the attendance of children suffering from initial and unnoticed symptoms, or during the convalescent stage or throughout the course of a mild, unrecognised attack of an infectious disease. Teachers should temporarily exclude children showing any symptoms suggestive of any infectious disease until medical assurance is obtained that they may attend school without harm to themselves or danger to their fellows.

OUTBREAKS OF UNUSUAL OR MULTIPLE ILLNESS IN SCHOOLS

No one is in a better position than the Headteacher to draw attention to outbreaks of this kind; information from other sources is always tardy and incomplete. Delay imposes obstacles which impede investigation and may prove insurmountable. It is essential to make a telephoned report about any illness suggestive of food poisoning immediately, because successful investigation may depend upon samples of food being available.

**PART 1 - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)**

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected			No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1967 and later	55	55	.	.	-	-	-	
1966	592	591	1	-	14	8	19	
1965	1671	1671	-	-	28	55	83	
1964	284	283	1	-	6	6	12	
1963	52	52	-	-	-	1	1	
1962	1	1	-	-	-	-	-	
1961	-	-	-	-	-	-	-	
1960	754	754	-	628	34	23	52	
1959	377	377	-	323	14	6	20	
1958	770	770	-	655	29	6	34	
1957	383	383	-	302	12	4	16	
1956 and earlier	-	-	-	-	-	-	-	
TOTAL	4939	4937	2	1908	137	109	237	

TABLE B – OTHER INSPECTIONS

Number of Special Inspections	29,455
Number of Re-inspections	<u>11,918</u>
	<u>41,373</u>

TABLE C – INFESTATION WITH VERMIN

(1)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	13,708
(2)	Total number of individual pupils found to be infested	51

SCREENING TESTS OF VISION AND HEARING

1(a)	Is the vision of entrants tested as a routine within their first year at school?	Yes																						
(b)	If not, at what age is the first routine test carried out?	-																						
2	At what age(s) is vision testing repeated during a child's school life?	<table border="1"><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td></td><td>✓</td><td></td><td></td><td>✓</td><td></td><td>✓</td><td>✓</td><td></td><td></td><td></td></tr></table>	6	7	8	9	10	11	12	13	14	15	16		✓			✓		✓	✓			
6	7	8	9	10	11	12	13	14	15	16														
	✓			✓		✓	✓																	
3(a)	Is colour vision testing undertaken?	Yes																						
(b)	If so, at what age?	10+ and 12+																						
(c)	Are both boys and girls tested?	Yes																						
4(a)	By whom is vision testing carried out?	School nurses																						
(b)	By whom is colour vision testing carried out?	School Medical Officers and School Nurses																						
5(a)	Is routine audiometric testing of entrants carried out within their first year at school?	Yes																						
(b)	If not, at what age is the first routine audiometric test carried out?																							
(c)	By whom is audiometric testing carried out?	School Nurses																						

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR
TABLE A - PERIODIC INSPECTIONS

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1971

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	6	74	2	57	1	38	9	169
5	Eyes -								
	(a) Vision	48	137	41	125	48	165	137	427
	(b) Squint	8	50	-	13	2	13	10	76
	(c) Other	-	12	-	7	2	4	2	23
6	Ears -								
	(a) Hearing	25	354	5	26	7	56	37	436
	(b) Otitis Media	1	5	1	1	1	3	3	9
	(c) Other	-	17	-	4	1	-	1	21
7	Nose and Throat	4	126	2	29	-	31	6	186
8	Speech	19	75	-	2	1	5	20	82
9	Lymphatic Glands	-	3	-	1	-	-	-	4
10	Heart	-	20	-	6	-	6	-	32
11	Lungs	1	74	-	40	-	31	1	145
12	Developmental -								
	(a) Hernia	-	13	-	-	-	-	-	13
	(b) Other	-	52	-	20	-	23	-	95
13	Orthopaedic -								
	(a) Posture	-	6	-	5	-	7	-	18
	(b) Feet	1	80	-	36	11	23	12	139
	(c) Other	-	16	-	7	-	7	-	30
14	Nervous System -								
	(a) Epilepsy	-	8	-	5	-	8	-	21
	(b) Other	-	6	-	7	-	13	-	26
15	Psychological								
	(a) Development	-	38	-	3	2	19	2	60
	(b) Stability	-	21	-	5	-	22	-	48
16	Abdomen	-	26	-	6	-	9	-	41
17	Other	5	73	-	27	1	11	6	111

TABLE B - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	27	13
5	Eyes - (a) Vision	331	2459
	(b) Squint	2	-
	(c) Other	1	-
6	Ears - (a) Hearing	43	3194
	(b) Otitis Media	-	2
	(c) Other	-	1
7	Nose and Throat	5	3
8	Speech	6	3
9	Lymphatic Glands	-	1
10	Heart	-	1
11	Lungs	1	3
12	Developmental -		
	(a) Hernia	-	-
	(b) Other	3	2
13	Orthopaedic -		
	(a) Posture	1	1
	(b) Feet	1	3
	(c) Other	5	-
14	Nervous system -		
	(a) Epilepsy	-	-
	(b) Other	-	-
15	Psychological -		
	(a) Development	1	2
	(b) Stability	274	9
16	Abdomen	1	3
17	Other	80	41

**PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	2
Errors of refraction (including squint)	282
	<hr/>
Total	284
	<hr/>
Number of pupils for whom spectacles were prescribed	134

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<u>Number of cases known to have been dealt with</u>
Received operative treatment	
(a) for diseases of the ear	45
(b) for adenoids and chronic tonsilitis	52
(c) for other nose and throat conditions	-
Received other forms of treatment	-
Total	<u>97</u>
Total number of pupils in school who are known to have been provided with hearing aids	
(a) in 1971 	2
(b) in previous years 	54

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	<u>Number of cases known to have been treated</u>
(a) Pupils treated at clinics or outpatient departments 	Not available
(b) Treated at school for postural defects	-

**TABLE D - DISEASES OF THE SKIN
(excluding uncleanliness for which see Table D of Part I)**

	<u>Number of cases known to have been treated</u>
Ringworm:(a) Scalp 	-
(b) Body 	-
Scabies 	106
Impetigo 	7
Other skin diseases 	<u>505</u>
Total	<u>618</u>

TABLE E - CHILD GUIDANCE TREATMENT

	<u>Number of cases known to have been treated</u>
Pupils treated at Child Guidance Clinics	265

TABLE F - SPEECH THERAPY

	<u>Number of cases known to have been treated</u>
Pupils treated by Speech Therapists ...	375

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments ...	161
(b) Pupils who received convalescent treatment under School Health Service arrangement	-
(c) Pupils who received B.C.G. vaccination	1919
(d) Tuberculin Surveys (other than for B.C.G.)	3542
(e) Physiotherapy	80
(f) Orthoptic Clinic	940
(g) School children seen at Southend General Hospital Casualty Department	1036
	<u>7678</u>

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY**

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	834	515	52	1401
Subsequent visits	683	668	106	1457
Total visits	1517	1183	158	2858
Additional courses of treatment commenced	64	38	7	109
Fillings in permanent teeth ...	851	1407	213	2471
Fillings in deciduous teeth ...	1451	203	-	1654
Permanent teeth filled ...	596	1089	170	1855
Deciduous teeth filled ...	1150	177	-	1327
Permanent teeth extracted ...	46	175	37	258
Deciduous teeth extracted ...	964	265	-	1229
General anaesthetics ...	240	91	2	333
Emergencies	125	99	20	244

Number of pupils x-rayed	85
Prophylaxis	66
Teeth otherwise conserved	76
Number of teeth root filled	12
Inlays	1
Crowns	4
Courses of treatment completed	1188

ORTHODONTICS

New cases commenced during year	17
Cases completed during year	10
Cases discontinued during year	-
No. of removable appliances fitted	24
No. of fixed appliances fitted	-
Pupils referred to Hospital Consultant	10

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	2	2	4
Number of dentures supplied	-	3	2	5

ANAESTHETICS General Anaesthetics administered by
Medical Anaesthetists

333

INSPECTIONS

(a) First inspection at school	Number of pupils	14,420
(b) First inspection at clinic	Number of pupils	486
Number of (a) and (b) found to require treatment		8,864
Number of (a) and (b) offered treatment		8,864
(c) Pupils re-inspected at school clinic		4,144
Number of (c) found to require treatment		2,650

SESSIONS

Sessions devoted to treatment	473
Sessions devoted to inspections	116
Sessions devoted to Dental Health Education	23

